

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L42956** (7)  
1. Corporation Name  
**PAYORS HOME CARE SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**6103 JOHNS RD., SUITE 7 TAMPA FL 33634** **6103 JOHNS RD., SUITE 7 TAMPA FL 33634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>SUITE # 7</b> 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>SUITE # 7</b> 28 City & State 29 Zip Country		3. Date Incorporated or Qualified <b>01/16/1990</b>	
4. FEI Number <b>59-2986305</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>PINZEL, BONNIE, J ONE TAMPA CITY CENTER, SUITE 2700 201 NORTH FRANKLIN ST TAMPA FL 33602</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		6. \$5.00 May Be Added to Fees	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSTEDT, JAMES J.	1.2 NAME	
STREET ADDRESS	6103 JOHNS RD. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, TONI	2.2 NAME	
STREET ADDRESS	1118 FOX CHARPEL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDI, CHUCK	3.2 NAME	
STREET ADDRESS	2519 N HABANA PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GLENN	4.2 NAME	
STREET ADDRESS	6103 JOHNS RD #1	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, MAGGIE	5.2 NAME	
STREET ADDRESS	3225 HARBOR VIEW AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JENNIFER	6.2 NAME	
STREET ADDRESS	1000 S HARBOR ISLAND BLVD., #2206	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James Carlstedt*

813-885-1312

CR2E034 (10/97)