

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L68342 (9)

1. Corporation Name
AMERICARE HEALTH SYSTEMS, INC.



Principal Place of Business
157 NEW ENGLAND AVENUE
SUITE 420
WINTER PARK FL 32789
US

Mailing Address
157 NEW ENGLAND AVENUE
SUITE 420
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 803 S. ORLANDO AVE
Suite, C
22 C
City & State
23 WINTER PARK, FL
Zip
24 32789
Country
25 US

2a. Mailing Address
26 803 S. ORLANDO AVE
Suite, C
27 C
City & State
28 WINTER PARK, FL
Zip
29 32789
Country
30 USA

3. Date Incorporated or Qualified
04/24/1990

4. FEI Number
59-3003851
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WRIGHT, ARTHUR JR
157 NEW ENGLAND AVE
SUITE 420
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
ARTHUR M. WRIGHT, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
803 S. ORLANDO AVE
83 SUITE C
84 City
WINTER PARK FL 85 Zip Code
32789

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 of officer or registered agent must be printed and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	WRIGHT, ARTHUR M. JR.	409 IPSWICH AVENUE	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
VSD	SHEPARD, JEFFREY J	1846 COMANCHE TRL	MAITLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 registered agent 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.

CR2E034 (10/97)