

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90233 038 \*\*\*150.00

DOCUMENT # L85110

1. Corporation Name  
COMMUNICARE CORPORATION



Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/90

2. Principal Place of Business

21 2455 E. Sunrise Blvd

2a. Mailing Address

26 2455 E. Sunrise Blvd

4. FEI Number

65-0849420

Applied For

Not Applicable

Suite, Apt. #, etc.

22 PH-South

Suite, Apt. #, etc.

27 PH-South

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 FORT LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

24 33304 25 USA

Zip Country

29 33304 30 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

E. N. BURSON, III

82 Street Address (P.O. Box Number is Not Acceptable)

24 2455 E. SUNRISE BLVD.

83

PH-SOUTH

84 City

FORT LAUDERDALE FL

85 Zip Code

33304

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

*E. N. Burson, III*

E. N. BURSON, III, Chairman/Pres./Dir. 4/29/99

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 '2

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE C P D  Change  Addition  
1.2 NAME E. N. BURSON, III  
1.3 STREET ADDRESS 2455 E. SUNRISE BLVD., PHS  
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE S  Change  Addition  
2.2 NAME JOY H. STRITIKUS  
2.3 STREET ADDRESS 2455 E. SUNRISE BLVD., PHS  
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 as an attachment with an address, with all other like empowered.

SIGNATURE:

*Joy H. Stritikus, Secretary*

4/29/99

954.537-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #