

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

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May 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 # M13185 (7) 714
1. Corporation Name
COMM CARE HEALTH, INC. JAN 20 1998 7281

Principal Place of Business
1201 PEACHTREE ST., NE
STE. 1800
ATLANTA GA 30309-3415
US

Mailing Address
1201 W. PEACHTREE ST., NE
STE. 1800
ATLANTA GA 30309-3415
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 FDIC 1910 Pacific Ave.	26 FDIC 1910 Pacific Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Dallas, TX	28 City & State Dallas, TX
24 Zip 75201	29 Zip 75201
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	Applied For
03/26/1985	Not Applicable
4. FEI Number	
59-2530636	
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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

85 Zip Code

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
DVAS RAY, PATRICIA J FDIC-1201 W. PEACHTREE ST., NE. ATLANTA GA	DP Mel Yarbrough 1910 Pacific Ave. Dallas, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
DP CORRIGAN, RICHARD 1201 W. PEACHTREE ST., NE ATLANTA GA	DP Daniel M. Ball 1910 Pacific Ave. Dallas, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
VPAS FARRELL, CHARLES P 1201 W. PEACHTREE ST., NE ATLANTA GA	DST John S. Schrag 1910 Pacific Ave. Dallas, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
VASD HAACK, FAYE O. 245 PEACHTREE CTR AVE. STE. 1100 ATLANTA GA 30303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
DST ROSSETTI, JOHN P 1201 W. PEACHTREE ST., NE ATLANTA GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 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 on an attachment with an address.

SIGNATURE:

Mel Yarbrough 4/9/98 972-761-8044

CR2E034 (10/97)