

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004939 (5)
 1. Corporation Name
INTECARE, INC.

Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH STE. 810 JACKSONVILLE FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SOUTH STE. 810 JACKSONVILLE FL 32216
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/02/1993	4. FEI Number 59-3217514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Harold W Kruger* DATE **4/28/98**

12. OFFICERS AND DIRECTORS

TITLE	VD "D"	<input type="checkbox"/> DELETE
NAME	BELANDER, GUY T MD	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD "D"	<input type="checkbox"/> DELETE
NAME	SPATOLA, MARK M	
STREET ADDRESS	4063 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUGER, HAROLD	
STREET ADDRESS	3627 UNIVERSITY BLVD S SUITE 740	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD "D"	<input type="checkbox"/> DELETE
NAME	KRIEGER, ROBERT	
STREET ADDRESS	2001 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	C "D"	<input type="checkbox"/> DELETE
NAME	SMITH, G R	
STREET ADDRESS	2001 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	C "D"	<input type="checkbox"/> DELETE
NAME	ETHEREDGE, REX	
STREET ADDRESS	3627 UNIVERSITY BLVD, S	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold W Kruger* DATE **4/28/98** **904 391-1242**

CR2E037 (1097)