


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003889 (1)

1. Corporation Name

LIFE CARE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

4000 - 24TH STREET N. LOT 20
ST. PETERSBURG FL

PO BOX 60058
ST PETERSBURG FL 33784-0058

3. Date Incorporated or Qualified

08/15/1995

4. FEI Number

59-3352630

Applied For

Not Applicable

2. Principal Place of Business

21 9520-37 AD. N.

Suite, Apt. #, etc.

22 112

City & State

23 ST PETERSBURG, FL

Zip

24 93713

Country

25 PINELLAS

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

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

DUNN, SHERRY L
4000 - 24TH STREET N. LOT 20
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 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 SHERRY L. DUNN 7/1/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLISS, JOAN	
STREET ADDRESS	PO BOX 13489 N/A	
CITY-ST-ZIP	ST PETERSBURG FL 33733-3489	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURCH, PHYLLIS	
STREET ADDRESS	611 DRUID RD. STE 408	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, BARRY	
STREET ADDRESS	4824 2ND AVE S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KORN, NAOMI	
STREET ADDRESS	535 CENTRAL AVE. STE 418	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHATELIER, PAUL	
STREET ADDRESS	1901 N. BEAUREGA RD. STE #510	
CITY-ST-ZIP	ALEXANDRIA VA 22311	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SHERRY L. DUNN 7/1/98 727-526-7516

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (5/98)