


FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90053 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000005447		
1. Corporation Name TEAM CARE, INC. OF MARK III		

Principal Place of Business 5401 N.W. 44TH AVENUE OCALA FL 34482	Mailing Address POST OFFICE BOX 2525 OCALA FL 34478
---	--

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	3. Date Incorporated or Qualified 09/19/1997 4. FEI Number 59-3470318 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

9. Name and Address of Current Registered Agent DITZLER, WALLY 5401 N.W. 44TH AVENUE OCALA FL 34482	10. Name and Address of New Registered Agent 81 Name Michelle Bolan 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 Michelle Bolan (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CH <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINCOLN, LARRY	1.2 NAME	
STREET ADDRESS	8278 NW 162 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL 32668	1.4 CITY-ST-ZIP	
TITLE	VCH <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKO, KENNETH	2.2 NAME	
STREET ADDRESS	9230 NW 125 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	2.4 CITY-ST-ZIP	
TITLE	SCON <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ELTON	3.2 NAME	
STREET ADDRESS	1036 NE 25 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, SANDRA	4.2 NAME	
STREET ADDRESS	6349 NW 61 LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, OSBORNE	5.2 NAME	
STREET ADDRESS	14250 HWY 454-B	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL 32669	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, SHEILA	6.2 NAME	
STREET ADDRESS	1615 NE 67 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	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, with all other like empowered.

SIGNATURE: Sandra L. WalkerSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA L. WALKER

1-5-99

352-732-5818