

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06 1997 8:00am
Secretary of State

DOCUMENT # P13683 (8)

1. Corporation Name
WELCARE CONSOLIDATED RESOURCES CORPORATION OF AMERICA

Principal Place of Business

7000 CENTRAL PKWY
SUITE 970
ATLANTA GA 30328

Mailing Address

7000 CENTRAL PKWY
SUITE 970
ATLANTA GA 30328-4580

3. Date Incorporated or Qualified

03/19/1987

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 400 Perimeter Center

2a. Mailing Address

2a Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 650

27

City & State

City & State

23 Atlanta Ga

28

Zip

Country

Zip

Country

24 30346

25

USA

29

30346

30

USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signatures of officer or principal named in registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
EATON, STEPHEN J.
STREET ADDRESS
7000 CENTRAL PKWY #970
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
FOSHA, KENT C. (SR.)
STREET ADDRESS
7000 CENTRAL PKWY #970
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
DAHL, ALAN C.
STREET ADDRESS
7000 CENTRAL PKWY #970
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
BENNETT, LISA A
STREET ADDRESS
7000 CENTRAL PKWY #970
CITY-ST-ZIP
ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400 Perimeter Center Ter #650
Atlanta GA 30346
Address Change only

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Same
Address only

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Same
Address only

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Same
Address only

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Address only

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

Date

770 698-9040

Daytime Phone #

0011980

CR2E034 (9/96)