

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P28851 (4)

1. Corporation Name

ASSETCARE, INC.



Principal Place of Business

**2700 CUMBERLAND PKWY #300
ATLANTA GA 30339**

Mailing Address

**2700 CUMBERLAND PKWY #300
ATLANTA GA 30339**

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1893956

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BROWN, RANDOLPH G**
STREET ADDRESS **2700 CUMBERLAND PKWY 300**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **DC BYERLY, DENNIS R**
STREET ADDRESS **5300 OAKBROOK PKWY, BLDG 300, STE 300**
CITY-ST-ZIP **NORCROSS GA**

TITLE ☐ DELETE

NAME **D COTE, MICHAEL R**
STREET ADDRESS **2700 CUMBERLAND PKWY 300**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **P RICHARDS, JAMES F**
STREET ADDRESS **4553 WINTERS CHAPEL ROAD**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **T DICKERSON, CARYN S**
STREET ADDRESS **2700 CUMBERLAND PARKWAY, SUITE 300**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☒ DELETE

NAME **VS TOPPER, PAMELA S**
STREET ADDRESS **2700 CUMBERLAND PKWY 300**
CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **V Peggy B. Sherman**
STREET ADDRESS **2700 Cumberland Parkway, #300**
CITY-ST-ZIP **Atlanta, GA 30339**

2.1 TITLE ☐ Change ☒ Addition

NAME **V/S William R. Spalding**
STREET ADDRESS **2700 Cumberland Parkway, #300**
CITY-ST-ZIP **Atlanta, GA 30339**

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Peggy B. Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peggy B. Sherman, V. Pres., Asst. Sec., Associate General Counsel

4/5/96

(770) 319-3000

Display Phone #

CR2E034 (12/95)