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PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2700 CUMBERLAND PKWY #300 ATLANTA GA 30339	2700 CUMBERLAND PKWY #300 ATLANTA GA 30339-3321

3. Date Incorporated or Qualified: **04/11/1990**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **58-1893956** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
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 800002214298--0
-06/17/97--01037--003
****165.00 ****165.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~BROWN, RANDOLPH~~		1.2 NAME	David E. McDowell	
STREET ADDRESS	2700 CUMBERLAND PKWY 300		1.3 STREET ADDRESS	2700 Cumberland Pkwy 300	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Atlanta GA	
TITLE	DC	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BYERLY, DENNIS~~		2.2 NAME	800002214298--0	
STREET ADDRESS	5300 OAKBROOK PKWY, BLDG 300, STE 300		2.3 STREET ADDRESS	-06/17/97--01037--009	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	***3080.00 ****385.00	
TITLE	D	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	~~COTE, MICHAEL R~~		3.2 NAME	James F. Richards	
STREET ADDRESS	2700 CUMBERLAND PKWY 300		3.3 STREET ADDRESS	2700 Cumberland Pkwy 300	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta GA	
TITLE	P	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RICHARDS, JAMES F		4.2 NAME	Jerome H. Baglien	
STREET ADDRESS	4553 WINTERS CHAPEL ROAD		4.3 STREET ADDRESS	2700 Cumberland Parkway, Suite 300	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Atlanta, Ga. 30339	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, CARYN S		5.2 NAME		
STREET ADDRESS	2700 CUMBERLAND PARKWAY, SUITE 300		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, PEGGY B		6.2 NAME		
STREET ADDRESS	2700 CUMBERLAND PKWY #300		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		6.4 CITY-ST-ZIP		

6/12/97

CR2E034 (9/96)

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: Peggy B. Sherman 6/9/97