

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

10/2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 25 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P29542

(8)

1. Corporation Name

AMERICARE HEALTH SERVICES CORP.

Principal Place of Business

3320 SCHERER DR  
ST PETERSBURG FL 33716  
US

Mailing Address

P O BOX 510  
GROVETOWN GA 30813-0510  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 2070

Suite, Apt. #, etc.

27 City & State

28 Alpharetta

29 Zip

Country

30

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

03/15/1996

4. FEI Number

22-3046557

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

PENCE, CHRISTOPHER, L  
3320 SCHERER DR  
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name

PARTIN, MARK W.

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

83

84 City

3320 SCHERER DR.  
ST. PETE FL

85 Zip Code

33716

11. Pursuant to the provisions of Sections 607.0603 and 607.0606, 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 607.0605, Florida Statutes.

SIGNATURE

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 ☐ DELETE

D  
NAME PERKINS, FREDERICK G.III  
STREET ADDRESS 485 W MATHESON DR  
CITY-ST-ZIP KEY BISCAVNE FL

TITLE ☒ DELETE

V  
NAME PENCE, CHRISTOPHER  
STREET ADDRESS 3320 SCHERER DR  
CITY-ST-ZIP ST PETE FL

TITLE ☐ DELETE

P  
NAME RANDOLPH, TERRY  
STREET ADDRESS 3320 SCHERER DR  
CITY-ST-ZIP ST PETER FL

TITLE ☐ DELETE

S  
NAME RHODES, AUBREY  
STREET ADDRESS 3320 SCHERER DR  
CITY-ST-ZIP ST PETE FL

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

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\*\*\*\*165.00 \*\*\*\*165.00

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

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (9/96)

2012

CONTOUR MEDICAL, INC

July 17, 1997

Annual Reports Filing  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept this letter and application fee for our annual reports filing. I did not receive the application for filing until the first of June. Several circumstances have occurred during the year that caused us not to receive the original application on time. Contour Medical, Inc. acquired this company during the year and the office was moved to Atlanta. The address where the application was mailed was only a warehouse. The application was addressed to Chris Pence who is no longer with the company. I have been with the Company since the beginning of June and as you can see from the application have replaced Chris.

Due to the above, I have enclosed a check for \$165 for the filing fee. Please call me at 770-886-2741 if you have any questions. Thank you.

Sincerely,



Mark W. Partin  
VP - Finance  
Corporate Controller