

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

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Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 2070  
ALPHARETTA GA 30023-2070  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6025 SHILOH ROAD	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE A	27
City & State	City & State
23 ALPHARETTA, GA	28
Zip	Country
24 30005	25 USA
29	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
05/29/1990	22-3046557	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PARTIN, MARK W 3320 SCHERER DR ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent
81 Name C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
83
84 City Plantation
85 Zip Code FL 33324

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 Dale W. Morris Dale W. Morris, Asst. V.P. February 27, 1998  
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	<input checked="" type="checkbox"/> DELETE
NAME	D PERKINS, FREDERICK G, III
STREET ADDRESS	485 W MATHESON DR
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P RANDOLPH, TERRY
STREET ADDRESS	3320 SCHERER DR
CITY-ST-ZIP	ST PETER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S RHODES, AUBREY
STREET ADDRESS	3320 SCHERER DR
CITY-ST-ZIP	ST PETE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	DONALD F. FOX
1.4 CITY-ST-ZIP	6025 SHILOH ROAD, STE A ALPHARETTA, GA 30005
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	PHILIP M. REES
2.4 CITY-ST-ZIP	6000 LANE FOREST DR. STE 200 ATLANTA, GA 30328
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	CHRIS BROWN
3.4 CITY-ST-ZIP	6000 LANE FOREST DR. STE 200 ATLANTA, GA 30328
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	EDWARD E. LANE
4.4 CITY-ST-ZIP	6000 LANE FOREST DR. STE 200 ATLANTA, GA 30328
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	DARABILL C. TUCKER
5.4 CITY-ST-ZIP	6000 LANE FOREST DR STE 200 ATLANTA, GA 30328
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; that the officer or director is 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 appointment with an address.

SIGNATURE: Donald F. Fox 2/24/98 770 886 2600

CR2E034 (10/97)