

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

APPROVED  
AND  
FILED

1997 JUL 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P29543

(6)

1. Corporation Name

AMERICARE GROUP PURCHASING CORP.

Principal Place of Business

3320 SCHERER DR.  
ST PETERSBURG FL 33718  
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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

3023-2070

30

US

3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

03/15/1996

4. FEI Number

22-3046484

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 33718

10. Name and Address of New Registered Agent

81 Name

MARK W. PARTIN

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

3320 SCHERER DR.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/2/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

PENCE, CHRISTOPHER  
3320 SCHERER DR  
ST PETE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P RANDOLPH, TERRY  
430 PARK 20 WEST DR  
GROVETOWN GA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S RHODES, AUBREY  
430 PARK 20 WEST DR  
GROVETOWN GA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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

700002253077--1  
-07/30/97--01106--004  
\*\*\*\*165.00 \*\*\*\*165.00

SCC 7-24-97

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 OF OFFICER

Partin

6/2/97

CR2E034 (9/96)

②

CONTOUR MEDICAL, INC

July 17, 1997

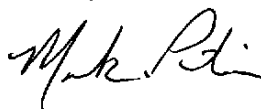
Annual Reports Filing  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

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