


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

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1997 JUL 24 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29543 (6)
1. Corporation Name
AMERICARE GROUP PURCHASING CORP.

Principal Place of Business 3320 SCHERER DR. ST PETERSBURG FL 33716 US	Mailing Address P.O. BOX 510 GROVETOWN GA 30813-0510 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 2070
22 City & State	27 Alpharetta GA
23 Zip Country	28 30023-2070 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 <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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 MARK W. PARTIN
82 Street Address (P.O. Box Number is Not Acceptable) 3320 SCHERER DR.
83 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 Mark W. Partin DATE 6/2/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	PENCE, CHRISTOPHER	3320 SCHERER DR	ST PETE FL	<input checked="" type="checkbox"/>
	P RANDOLPH, TERRY	430 PARK 20 WEST DR	GROVETOWN GA	<input type="checkbox"/>
	S RHODES, AUBREY	430 PARK 20 WEST DR	GROVETOWN GA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002253077--1
1.4 CITY-ST-ZIP	-07/30/97--01106--004
2.1 TITLE	****165.00 ****165.00
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Mark W. Partin

CR2E034 (9/96)

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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