


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

FILED

Apr 16 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 # **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 2070 ALPHAGOTTA GA 30023-2070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3360 SCHERER DR. Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG FL Zip 24 33716		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 ALPHARETTA, GA Zip 29 30023 Country 30 USA		3. Date Incorporated or Qualified 05/29/1990	
		4. FEI Number 22-3046484		Applied For <input type="checkbox"/> 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 CT 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	
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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. 2/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PT
NAME	RANDOLPH, TERRY	1.2 NAME	DONALD F. FOX
STREET ADDRESS	430 PARK 20 WEST DR	1.3 STREET ADDRESS	6025 SHILOH RD STE A
CITY-ST-ZIP	GROVETOWN GA	1.4 CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	S	2.1 TITLE	S
NAME	RHODES, AUBREY	2.2 NAME	PHILIP M REES
STREET ADDRESS	430 PARK 20 WEST DR	2.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP	GROVETOWN GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		3.1 TITLE	CO
NAME		3.2 NAME	CHRIS BROGDON
STREET ADDRESS		3.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		4.1 TITLE	D
NAME		4.2 NAME	EDWARD E. LANE
STREET ADDRESS		4.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DARRELL C. TUCKER
STREET ADDRESS		5.3 STREET ADDRESS	6000 LAKE FOREST DR. STE 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address.

SIGNATURE:

DONALD F. FOX 2/25/98 770 886 3100

CR2E034 (10/97)