

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

FILED

Feb 17 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 # P34742 (7)
 1. Corporation Name
MED-CARE SALES AND RENTALS, INC.



Principal Place of Business	Mailing Address
1255 25TH ST PLACE SE P. O. BOX 1635 HICKORY NC 28602	1255 25TH ST PLACE SE P. O. BOX 1635 HICKORY NC 28602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Ravinia Drive Suite, Apt. #, etc 22 Suite 1500 City & State 23 Atlanta, GA Zip 24 30346		2a. Mailing Address 26 One Ravinia Drive Suite, Apt. #, etc 27 Suite 1500 City & State 28 Atlanta, GA Zip 29 30346		3. Date Incorporated or Qualified 07/15/1991 4. FEI Number 56-1071573 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <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	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 type: The printed name of registered agent and the principal officer.

(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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOHN D III	1.2 NAME	
STREET ADDRESS	1331 4TH ST. DR. N.W.	1.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY - ST - ZIP	HICKORY NC	1.4 CITY - ST - ZIP	Atlanta, GA 30346
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, BOYD P	2.2 NAME	
STREET ADDRESS	15415 KATY FRWY, #800	2.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	Atlanta, GA 30346
TITLE	VPS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE JR, SYDNEY K	3.2 NAME	
STREET ADDRESS	15415 KATY FRWY STE 800	3.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY - ST - ZIP	HOUSTON TX	3.4 CITY - ST - ZIP	Atlanta, GA 30346
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNTZ, EDWARD L	4.2 NAME	Asst. Secy.
STREET ADDRESS	15415 KATY FRWY STE 800	4.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY - ST - ZIP	HOUSTON TX	4.4 CITY - ST - ZIP	Atlanta, GA 30346
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LROY D	5.2 NAME	Director
STREET ADDRESS	26526 KATY FRWY STE 800	5.3 STREET ADDRESS	One Ravinia Drive, Suite 1500
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	Atlanta, GA 30346
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE:

Susan Thomas Whittle 1/13/97

CR2E034 (10/97)