

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

FILED

97 AUG 11 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004627 (5)
1. Corporation Name
CARING HEALTH SUPPORT PROFESSIONALS, INC.

Principal Place of Business

1500 COLONIAL BLVD
SUITE #221
FT MYERS FL 33907
US

Mailing Address

1500 COLONIAL BLVD
SUITE #221
FT MYERS FL 33907-1026
US

3. Date Incorporated or Qualified
11/16/1992

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 12995 S. CLEVELAND AV.

Suite, Apt. #, etc.

22 109

City & State

23 FT. MYERS FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 12995 S. CLEVELAND AV.

Suite, Apt. #, etc.

27 109

City & State

28 FT. MYERS, FL

Zip

29 33907

Country

30 LEE

4. FEI Number

65-0370877

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

STEPHENS, OWEN L
18371 CREEK DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: JAMES P. KARABASZ
82 Street Address (P.O. Box Number is Not Acceptable)
2111 PINE RIDGE RD
83
84 City: NAPLES FL 85 Zip Code: 34109

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 607.0605, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

8/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D STEPHENS, OWEN L DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
18371 CREEK DR
FT MYERS FL 33908

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D JAMES KARABASZ Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
JAMES KARABASZ
2111 PINE RIDGE RD
NAPLES, FL 34109

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or printed name of registered agent and title if applicable

8/30/97 (941) 592-0070

CR2E034 (9/96)