

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012170 (6)

1. Corporation Name:
MED-CARE SERVICES NORTHEAST, INC.



Principal Place of Business
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770-2014
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/16/1992 | 3a. Date of Last Report 06/25/1996 |
| 4. FEI Number 59-3155179 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
ARSENAULT, KENNETH G JR.
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

| | |
|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | DTS <input type="checkbox"/> DELETE |
| NAME | BUCKLES, WILLIAM G JR. |
| STREET ADDRESS | 455 N. INDIAN ROCKS RD. |
| CITY - ST - ZIP | BELLEAIR BLUFFS FL 33770 |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | BARODY, MICHAEL A |
| STREET ADDRESS | 455 N. INDIAN ROCKS RD. |
| CITY - ST - ZIP | BELLEAIR BLUFFS FL 33770 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | VELTMAN, GREG |
| STREET ADDRESS | 455 N. INDIAN ROCKS BLVD. |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LANDT, TIMOTHY L |
| STREET ADDRESS | 455 N. INDIAN ROCKS RD. |
| CITY - ST - ZIP | BELLEAIR BLUFFS FL 33770 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 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 | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 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 | |

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 changing, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/3/97 DAYTIME PHONE: 813.585.6333

CR2E034 (9/96)