

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

APPROVED
AND
FILED

1997 MAY -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007956 (4)

1. Corporation Name
NEWCARE, INC.

Principal Place of Business

**3600 OAK MANOR LN
BLDG 3
LARGO FL 34644
US**

Mailing Address

**P O BOX 3318
TAMPA FL 33601-3318
US**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 **13577 Feather Sound Drive**

26 Suite, Apt #, etc.
27 **Suite 300**

28 City & State

29 **Clearwater, FL**

30 Zip

31 Country

32 **34622**

33 **USA**

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

12/03/1996

4. FEI Number

59-3169945

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

**BELL, ROBERT SR
5146 SAN JOSE ST
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name **A.R. Neal, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)

13577 Feather Sound Drive, Suite 300

83

84 City

Clearwater

85 State

FL

Zip Code

34622

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

A. R. Neal
Signature, typed or printed name of registered agent and title if applicable

A. R. Neal

(NOTE: Registered Agent signature required when reinstating)

5/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BELL, ROBERT W SR**
STREET ADDRESS **308 BLANCA STREET**
CITY - ST - ZIP **TAMPA FL 33608**

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** ☒ Change ☐ Addition
1.2 NAME **Brogdon, Chris**
1.3 STREET ADDRESS **6000 Lake Forrest Drive, Ste. 200**
1.4 CITY - ST - ZIP **Atlanta, GA 30328**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Dalal, Ashok**
2.3 STREET ADDRESS **1266 N.W. 199th Street**
2.4 CITY - ST - ZIP **Miami, FL 33167**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Pifer, Cathy**
3.3 STREET ADDRESS **6000 Lake Forrest Drive, Ste. 200**
3.4 CITY - ST - ZIP **Atlanta, GA 30328**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Secretary**
4.3 STREET ADDRESS **Rees, Philip**
4.4 CITY - ST - ZIP **6000 Lake Forrest Drive, Suite 200**
Atlanta, GA 30328

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Assistant Secretary**
5.3 STREET ADDRESS **Neal, A. R.**
5.4 CITY - ST - ZIP **13577 Feather Sound Drive, Ste. 300**
Clearwater, FL 34622

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: *A. R. Neal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97 **(813) 571-1727**
Date Daytime Phone # 000/000

CR2E034 (9/96)



THE UNITED STATES
CORPORATION
COMPANY

RECEIVED

97 MAY -6 PM 1:52

ACCOUNT NO. : 010728160000032

REFERENCE : 355598 85036A

AUTHORIZATION : Patricia Pysko

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 1997

ORDER TIME : 10:20 AM

ORDER NO. : 355598-015

CUSTOMER NO: 85036A

CUSTOMER: Norma Mcgrath, Legal Assistant
Jacobs Forlizzo & Neal, P.a.
Suite 300
13577 Feather Sound Drive
Clearwater, FL 34622

ANNUAL REPORT FILING

NAME: NEWCARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

pg 2 of 2