

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

FILED

May 18 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 # **P93000007956 (4)**

1. Corporation Name
NEWCARE, INC.

Principal Place of Business

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

Mailing Address

**13577 FEATHER SOUND DRIVE
STE 300
CLEARWATER FL 34622
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	6000 Lake Forrest Dr.	01/29/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 200	59-3169945	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Atlanta	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	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	
		29	GA 30328		
			US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEAL, A R 13577 FEATHER SOUND DRIVE., STE 300 CLEARWATER FL 34622				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROGDON, CHRIS			1.2 NAME			
STREET ADDRESS	6000 LAKE FORREST DRIVE., STE 200			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALAL, ASHOK			2.2 NAME			
STREET ADDRESS	1266 N.W. 199TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33167			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIFER, CATHY			3.2 NAME	KATHY PIFER		
STREET ADDRESS	6000 LAKE FORREST DRIVE., STE 200			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REES, PHILIP			4.2 NAME			
STREET ADDRESS	6000 LAKE FORREST DRIVE., STE 200			4.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEAL, A R			5.2 NAME			
STREET ADDRESS	13577 FEATHER SOUND DRIVE., STE 300			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34622			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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:

Sandra B. Mortham, Secretary

CR2E034 (10/97)