

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

0013002

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000007956

1. Corporation Name  
NEWCARE, INC.

Principal Place of Business

3600 OAK MANOR LN  
BLDG 3  
LARGO FL 34644  
US

Mailing Address

6000 LAKE FORREST DRIVE  
SUITE #200  
ATLANTA GA 30328  
US

FILED

99 MAY 27 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1993

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

NEAL, A R  
13577 FEATHER SOUND DRIVE., STE 300  
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BROGDON, CHRIS  
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200  
CITY-ST-ZIP ATLANTA GA 30328

TITLE P ☒ DELETE

NAME PIFER, KATHY  
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200  
CITY-ST-ZIP ATLANTA GA 30328

TITLE S ☐ DELETE

NAME REES, PHILIP  
STREET ADDRESS 6000 LAKE FORREST DRIVE., STE 200  
CITY-ST-ZIP ATLANTA GA 30328

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-06/02/99--01104--001  
\*\*\*1150.00 \*\*\*1150.00

President  
Darrell C. Tucker  
6000 Lake Forrest Dr. #200  
Atlanta GA 30328

CFO  
James H. Sanregret  
6000 Lake Forrest Dr. #200  
Atlanta GA 30328

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Office Phone #

CR2E034 (11/98)