

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

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Mar 03 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 # **P93000008757 (5)**  
1. Corporation Name  
**QUALICARE SYSTEMS, INC.**

Principal Place of Business  
**129 SPRINGHURST CIRCLE  
LAKE MARY FL 32746**

Mailing Address  
**129 SPRINGHURST CIRCLE  
LAKE MARY FL 32746-4235**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>919 ORANGE AVE.</b>		26 <b>P.O. BOX 950712</b>		01/29/1993		04/16/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 <b>LONGWOOD, FL</b>		28 <b>LAKE MARY, FL</b>		59-3165640		Not Applicable	
24 <b>32750</b>		25 <b>32745-0712</b>		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 <b>32745-0712</b>		27 <b>32745-0712</b>		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28 <b>32745-0712</b>		29 <b>32745-0712</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SULEMAN, ARZU  
129 SPRINGHURST CR  
LAKE MARY FL 32746-4235**

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
	<b>2580 GRASSY PT. DR.</b>		<b>LAKE MARY</b>	<b>FL 32746</b>
	<b>APT. 204</b>			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULEMAN, ARZU F</b>	1.2 NAME	
STREET ADDRESS	<b>129 SPRINGHURST CIR</b>	1.3 STREET ADDRESS	<b>2580 GRASSY PT. DR. # 204</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	1.4 CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULEMAN, SHIREEN</b>	2.2 NAME	
STREET ADDRESS	<b>129 SPRINGHURST CR</b>	2.3 STREET ADDRESS	<b>2580 GRASSY PT. DR. # 204</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>	2.4 CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

Date

Daytime Phone #

CR2E034 (9/96)