

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000083830 (8)**  
1. Corporation Name  
**META-CARE, INC.**



Principal Place of Business <b>4675 CHULUOTA RD. ORLANDO FL 32820</b>	Mailing Address <b>4675 CHULUOTA RD. ORLANDO FL 32820</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/08/1993</b>	
4. FEI Number <b>59-3225065</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		5. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>DAVID, A. MICHAEL 4675 CHULUOTA RD. ORLANDO FL 32820</b>				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>FL</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

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	PTS	NAME	DAVID, A. MICHAEL	1.1 TITLE		1.2 NAME	
STREET ADDRESS	4675 CHULUOTA RD.	CITY-ST-ZIP	ORLANDO FL 32820	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	D	NAME	DAVID, BRANDI LYNN	2.1 TITLE		2.2 NAME	
STREET ADDRESS	4675 CHULUOTA RD.	CITY-ST-ZIP	ORLANDO FL 32820	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	V	NAME	DAVID, C. CHRISTINE	3.1 TITLE		3.2 NAME	
STREET ADDRESS	4675 CHULUOTA RD.	CITY-ST-ZIP	ORLANDO FL 32820	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	DAVID, KRISTY SOYCE	4.1 TITLE	DIRECTOR	4.2 NAME	DAVID, KRISTY SOYCE
STREET ADDRESS	4675 CHULUOTA RD.	CITY-ST-ZIP	ORLANDO, FL. 32820	4.3 STREET ADDRESS	4675 CHULUOTA RD.	4.4 CITY-ST-ZIP	ORLANDO, FL. 32820
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		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: *Michael David* A. Michael David 3-14-98 (407) 568-8480

CR2E034 (10/97)