

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90259 001 \*\*\*150.00



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # P94000051739**

1. Corporation Name  
**SERVICARE PROVIDER, P.A.**



Principal Place of Business  
**15602 SHOAL CREEK PLACE**  
**ODESSA FL 33556**  
**US**

Mailing Address  
**P O BOX 418**  
**DUNEDIN FL 34697**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/13/1994**

4. FEI Number  
**59-3255255**

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

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
27. City & State	28. City & State
25. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMAN & ROMAN**  
**2196 MAIN ST.**  
**SUITE L**  
**DUNEDIN FL 34698**

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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DY-TALAROC, CYNTHIA</b>
STREET ADDRESS	<b>11415 GLENMONT DRIVE</b>
ST-CITY	<b>TAMPA FL 33635</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TALAROC, EZER</b>
STREET ADDRESS	<b>11415 GLENMONT DR.</b>
ST-CITY	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
ST-CITY	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
ST-CITY	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
ST-CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*Cynthia Dy-Talaroc*  
**CYNTHIA TALAROC**

*april 28, 1999 (813) 879-4036*  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)