

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000054840 (1)**

1. Corporation Name
CARE ON CALL, INC.



Principal Place of Business
**4300 ALTON ROAD
MIAMI BEACH FL 33140**

Mailing Address
**4300 ALTON ROAD
MIAMI BEACH FL 33140**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Sub: Apt #, etc.					Sub: Apt #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 05/01/1995
4. FET Number 65-0510402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				81. Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0602 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 further waiving and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10275 COLLINS		2. NAME		
CITY, ST, ZIP	SOUTH BAL HARBOR FL 33142		3. STREET ADDRESS		
TITLE	P	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDELSTEIN, SOL M		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10275 COLLINS		6. NAME		
CITY, ST, ZIP	SOUTH BAL HARBOR FL 33142		7. STREET ADDRESS		
TITLE	S	<input checked="" type="checkbox"/> DELETE	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, THOMAS E.		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6600 WEST BROAD STREET		10. NAME		
CITY, ST, ZIP	RICHMOND VA 23230		11. STREET ADDRESS		
TITLE	CFP	<input checked="" type="checkbox"/> DELETE	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRATH, SUSAN M		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6600 W BROAD ST		14. NAME		
CITY, ST, ZIP	RICHMOND VA		15. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			18. NAME		
CITY, ST, ZIP			19. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			22. NAME		
CITY, ST, ZIP			23. STREET ADDRESS		
TITLE			24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			26. NAME		
CITY, ST, ZIP			27. STREET ADDRESS		
TITLE			28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			30. NAME		
CITY, ST, ZIP			31. STREET ADDRESS		
TITLE			32. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			34. NAME		
CITY, ST, ZIP			35. STREET ADDRESS		
TITLE			36. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			38. NAME		
CITY, ST, ZIP			39. STREET ADDRESS		
TITLE			40. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			42. NAME		
CITY, ST, ZIP			43. STREET ADDRESS		
TITLE			44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			46. NAME		
CITY, ST, ZIP			47. STREET ADDRESS		
TITLE			48. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			50. NAME		
CITY, ST, ZIP			51. STREET ADDRESS		
TITLE			52. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			53. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			54. NAME		
CITY, ST, ZIP			55. STREET ADDRESS		
TITLE			56. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			57. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			58. NAME		
CITY, ST, ZIP			59. STREET ADDRESS		
TITLE			60. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			62. NAME		
CITY, ST, ZIP			63. STREET ADDRESS		
TITLE			64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Susan M. McGrath* 1/24/96 804-285-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)