


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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070244 (6)

1. Corporation Name
CAREPARTNERS, INC.

Principal Place of Business

4216 S. UNIVERSITY DR.
STE 201
DAVIE FL 33328
US

Mailing Address

4216 S. UNIVERSITY DR.
STE 201
DAVIE FL 33328
US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	09/23/1994
4. FEI Number	65-0522985
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHLICHT, MATTHEW J 2134 HOLLYWOOD BLVD. HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name ROBERT G. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY
83 1201 HAYS STREET
84 City BOCA RATON
85 Zip Code 33431

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:  DATE: 04-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	LAPEIR, JAMES	1.2 NAME	Williams, Robert G.
STREET ADDRESS	937 SW 19TH ST	1.3 STREET ADDRESS	4800 NORTH FEDERAL Highway, SUITE 200A
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DV	2.1 TITLE	
NAME	MOBERG-SCHLICHT, MARY E.	2.2 NAME	N/A
STREET ADDRESS	717 NW 10TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	MOBERG, DAN	3.2 NAME	N/A
STREET ADDRESS	717 NW 10TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	WILLING, BRUCE E.	4.2 NAME	N/A
STREET ADDRESS	937 SW 19TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 04-27-98

CR2E034 (10/97)