

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

FILED

**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

DOCUMENT # P94000070244 (6)

1. Corporation Name
CAREPARTNERS, INC.



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified: **09/23/1994**

4. FEI Number: **65-0522985**

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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-29) details including Suite, Apt. #, etc., City & State, and Zip & Country.

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

10. Name and Address of New Registered Agent: **ROBERT G. WILLIAMS CORPORATION SERVICE COMPANY 1201 HAYS STREET 4800 NORTH FEDERAL Highway, SUITE 200A BOCA RATON FL 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: *Robert G. Williams* DATE: **04-27-98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAFER, JAMES	
STREET ADDRESS	937 SW 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOBERG-SCHLICHTE, MARY E.	
STREET ADDRESS	717 NW 10TH AVE.	
CITY-ST-ZIP	DANIA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MOBERG, DAN	
STREET ADDRESS	717 NW 10TH AVE.	
CITY-ST-ZIP	DANIA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WILING, BRUCE E.	
STREET ADDRESS	937 SW 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Robert G.	
1.3 STREET ADDRESS	4800 North Federal Highway, Suite 200A	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N/A	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	N/A	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N/A	
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		

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: *Robert G. Williams* DATE: **04-27-98**

CR2E034 (10/97)