

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 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
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**DOCUMENT # P94000092838 (9)**  
 1. Corporation Name  
**LIBERTY CARE PLAN, INC.**



Principal Place of Business <b>301 BERNARD AVE SARASOTA FL 34243</b>	Mailing Address <b>301 BERNARD AVE SARASOTA FL 34243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1013 LUCERNE AVE</b>		2a. Mailing Address <b>26 1013 LUCERNE AVE</b>		3. Date Incorporated or Qualified <b>12/23/1994</b>	
22		27		4. FEI Number <b>65-0544465</b>	
23 <b>LAKE WORTH FL</b>		28 <b>LAKE WORTH FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33460</b>		29 <b>33460</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 <b>PALM BEACH</b>		30 <b>PALM BEACH</b>		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	

9. Name and Address of Current Registered Agent  
**BLY, GLENN A  
 301 BERNARD AVE  
 SARASOTA FL 34243**

10. Name and Address of New Registered Agent  
**81 Name FELICIA BLY**  
**82 Street Address (P.O. Box Number Is Not Acceptable) 1013 LUCERNE AVENUE**  
**83**  
**84 City LAKE WORTH FL 85 Zip Code 33460**

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 Felicia E. Bly DATE 7/15/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BLY, FELICIA E</b>	
STREET ADDRESS <b>301 BERNARD AVE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34236</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BLY, GLENN A</b>	
STREET ADDRESS <b>301 BERNARD AVE</b>	
CITY-ST-ZIP <b>SARASOTA FL 34243</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>BLY FELICIA E</b>	
1.3 STREET ADDRESS <b>1013 LUCERNE AVE</b>	
1.4 CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
2.1 TITLE <b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MICHELLE MANKAMYER</b>	
2.3 STREET ADDRESS <b>1013 LUCERNE AVE</b>	
2.4 CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
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	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Felicia E. Bly DATE: 7/15/98 1-800-992-1492

CR2E034 (5/98)