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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000019291 (0)

**GOLDEN CARE MANAGEMENT, INC.** 

Principal Place of Business Mailing Address 5121 E SERENA DRIVE 5121 E SERENA DRIVE TAMPA FL 33617 **TAMPA FL 33617** DO NOT WRITE IN THIS SPACE a. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3435730 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **B1** CLEMENT, ROBERT J 5121 E SERENA DR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617** 83 84 City Zip Code

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	Р	DELFTE	1.1 TITLE		Change	Additio
NAME	CLEMENT, ROBERT J		1.2 NAME			
STREET ADORESS	18024 PINNACEL COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change	Additio
NAME		1	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 City-ST-ZIP			
TITLE		DELETE	3 1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. a IAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
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 filling 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 agricultary 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 regulator of the regulator o

SIGNATURE:

**FILED** 

Mar 11 1998 8:00am

Secretary of State