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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039735 (2)

1. Corporation Name
NEUCARE LIMITED, INC.



Principal Place of Business
1765 COMMERCE AVENUE N.
ST. PETERSBURG FL 33716

Mailing Address
1765 COMMERCE AVENUE N.
ST. PETERSBURG FL 33716-4207

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report
09/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-3320941

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEAN, KEVIN O
9988 LAKE SEMINOLE DRIVE WEST
LARGO FL 34843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, ROBERT E	
STREET ADDRESS	424 22ND STREET	
CITY-ST-ZIP	BELLAIR BEACH FL 34834	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, KEVIN O	
STREET ADDRESS	9988 LAKE SEMINOLE DRIVE WEST	
CITY-ST-ZIP	LARGO FL 34843	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, LEONARD T	
STREET ADDRESS	1436 STROUD COURT	
CITY-ST-ZIP	NEW PORT RICHIIE FL 34055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METZGER, FREDERICK W	
STREET ADDRESS	6625 GEORGE WASHINGTON WAY	
CITY-ST-ZIP	NAPLES FL 33863	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VISSER, MEINDERT W	
STREET ADDRESS	870 BALD EAGLE DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 33037	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BUDENSTEIN, I. ROBERT	
STREET ADDRESS	6602 W. GULF BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: SIGNATURE REQUIRED PRESIDENT / DIRECTOR 4/18/97 (813) 570-4155

CR2E034 (9/96)