

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

26968807C

DOCUMENT # P95000041758 (0)

1. Corporation Name
PATIENT CARE SYSTEMS, INC.



Principal Place of Business Mailing Address
 13161 56TH COURT SUITE 203 CLEARWATER FL 34620
 13161 56TH COURT SUITE 203 CLEARWATER FL 34620

3. Date Incorporated or Qualified 05/22/1995
 3a. Date of Last Report

2. Principal Place of Business 21 1200 Tarpon Woods Blvd Suite, Apt. #, etc S-10 City & State Palm Harbor, Florida Zip 34685 Country Pinellas
 2a. Mailing Address 26 1200 Tarpon Woods Blvd Suite, Apt. #, etc # S-10 City & State Palm Harbor, Florida Zip 34685 Country Pinellas
 4. FEI Number 59-3317306 Applied For Not Applicable
 5. Certificate of Status Desired [X] \$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 [X] No

9. Name and Address of Current Registered Agent
 WHITTEN, J C
 13161 56TH COURT SUITE 203 CLEARWATER FL 34620
 10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 Tarpon Woods Blvd.
 83 #S-10
 84 City Palm Harbor, FL 85 Zip Code 34685

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 *J.C. Whitten* J. C. Whitten, Registered Agent President/CEO 1/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D [] DELETE	NAME WHITTEN, J C	1.1 TITLE President/CEO/ Director [] Change [] Addition	1.2 NAME Whitten, J.C.
STREET ADDRESS 13161 56TH COURT	CITY-ST-ZIP CLEARWATER FL 34620	1.3 STREET ADDRESS 1200 Tarpon Woods Blvd, S-10	1.4 CITY-ST-ZIP Palm Harbor, Florida 34685
TITLE D [X] DELETE	NAME WEST, GARY L	2.1 TITLE [] Change [] Addition	2.2 NAME
STREET ADDRESS 13161 56TH COURT	CITY-ST-ZIP CLEARWATER FL 34620	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE [] DELETE	NAME	3.1 TITLE Sect/Tres./Director [] Change [X] Addition	3.2 NAME Joseph A. Calio
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS 1290 Gulf Blvd.	3.4 CITY-ST-ZIP Clearwater, Florida 34630
TITLE [] DELETE	NAME	4.1 TITLE Vice-Pres./Director [] Change [X] Addition	4.2 NAME Jeffrey L. Tedder, M.D.
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS 1165 Shipwatch Circle	4.4 CITY-ST-ZIP Tampa, Florida 33602
TITLE [] DELETE	NAME	5.1 TITLE [] Change [] Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE [] DELETE	NAME	6.1 TITLE [] Change [] Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *J.C. Whitten* J. C. Whitten/Pres. 1/31/96 (813) 786-5033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)