

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

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Jan 29 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 # P95000047986 (1)

1. Corporation Name
PRIDECARE, INC. (FL)

Principal Place of Business
3901 SW 47TH AVE., STE. 405
FT. LAUDERDALE FL 33314

Mailing Address
3901 SW 47TH AVE., STE. 405
FT. LAUDERDALE FL 33314-2815



3. Date Incorporated or Qualified 06/19/1995
3a. Date of Last Report 04/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 One Hook Road	65-0606816	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 Sharon Hill, PA	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29 19079	30

9. Name and Address of Current Registered Agent

~~CARPENTER, KARON~~
3901 SW 47TH AVE., STE. 405
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRRA, RAYMOND A JR.	1.2 NAME	Raymond A. Mirra, Jr.
STREET ADDRESS	3901 SW 47TH AVE., STE. 405	1.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kevin D. Stepanuk
STREET ADDRESS		2.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	John P. Mohnacs
STREET ADDRESS		3.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Victor Battaglia
STREET ADDRESS		4.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplementary 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 registered 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 addition sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Mohnacs

610-586-8514

Date

Daytime Phone #

CR2E034 (9/96)