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FILED

Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000087088 (7)

1. Corporation Name

ANGEL CARE, INCORPORATED

Principal Place of Business

Mailing Address

3765 NORTH JOHN YOUNG PKWY  
ORLANDO FL 32804  
US

3765 N. JOHN YOUNG PKWY  
ORLANDO FL 32804  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

59-3345924

Applied For

Not Applicable

2. Principal Place of Business

21 5100 CHERRY TREE LANE

2a. Mailing Address

26 5100 CHERRY TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

27 City & State

28 ORLANDO, FL

24 Zip

32819

Country

25 U.S.A.

29 Zip

32819

Country

30 U.S.A.

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

LEE, WO YEN  
3765 NORTH JOHN YOUNG PKWY.  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

LEE, WO YEN

82 Street Address (P.O. Box Number is Not Acceptable)

5100 CHERRY TREE LANE

83

84 City

ORLANDO

FL

85 Zip Code

32819

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

WO YEN LEE, PRESIDENT 4.12.98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEE, WO Y  
STREET ADDRESS 5100 CHERRY TREE LANE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE STD  
NAME LEE, ROSA CHEN S  
STREET ADDRESS 5100 CHERRY TREE LANE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 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

4.12.98

407-876-4779

CR2E034 (10/97)