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FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000046410 (2)**

1. Corporation Name  
**ISOCARE CORPORATION**

Principal Place of Business  
**7002 SE WINGED FOOT DR  
STUART FL 34997**

Mailing Address  
**7002 SE WINGED FOOT DR  
STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/01/1996**

4. FEI Number  
**65-0675699**

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

2. Principal Place of Business  
**21 120 Trinity Place**

Suite, Apt. #, etc.

City & State  
**22 Athens, GA**

Zip  
**24 30607**

Country  
**25 USA**

2a. Mailing Address  
**26 120 Trinity Place**

Suite, Apt. #, etc.

City & State  
**28 Athens, GA**

Zip  
**29 30607**

Country  
**30 USA**

9. Name and Address of Current Registered Agent

**METRY, ROBERT A  
7002 SE WINGED FOOT DR  
STUART FL 34997**

10. Name and Address of New Registered Agent

**81 Name Frank A. Ferraro**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3601 SE Ocean Blvd.**  
**83 Suite 001**  
**84 City Stuart FL 85 Zip Code 34996**

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

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE  
NAME **METRY, ROBERT A**  
STREET ADDRESS **7002 SE WINGED FOOT DRIVE**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **S** ☐ DELETE  
NAME **ALLEN, DAVID C MD**  
STREET ADDRESS **120 TRINITY PLACE**  
CITY-ST-ZIP **ATHENS GA 30607**

TITLE **VPAS** ☐ DELETE  
NAME **MIDLA, ALYSSA**  
STREET ADDRESS **7002 SE WINGED FOOT DR**  
CITY-ST-ZIP **STUART FL 34997**

TITLE **VPAS** ☐ DELETE  
NAME **DILLS, LYNN**  
STREET ADDRESS **120 TRINITY PLACE**  
CITY-ST-ZIP **ATHENS GA 30607**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **115 MANNING DRIVE, SUITE 201-B**  
1.4 CITY-ST-ZIP **HUNTSVILLE, AL 35801**

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **115 MANNING DRIVE, SUITE 201-B**  
3.4 CITY-ST-ZIP **HUNTSVILLE, AL 35801**

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

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

6.1 TITLE ☐ Change ☐ Addition  
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

**Robert A. Meton** Pres 4/12/98 (250) 533-6242

CR2E034 (10/97)