

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

FILED

Apr 21 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 # P96000092580 (5)

1. Corporation Name
CARELINK MANAGEMENT, INC.



Principal Place of Business
9400 TURKEY LAKE ROAD
ORLANDO FL 32819

Mailing Address
9400 TURKEY LAKE ROAD
ORLANDO FL 32819-8001

3. Date Incorporated or Qualified
11/12/1996

3a. Date of Last Report

2. Principal Place of Business
21 1059 Maitland Commons Center
Suite, Apt. #, etc.

2a. Mailing Address
26 1059 Maitland Commons Center
Suite, Apt. #, etc.

4. FEI Number
59-3415348

Applied For
Not Applicable

22 City & State
23 Maitland, FL

27 City & State
28 Maitland, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
32751

25 Country
Orange

29 Zip
32751

30 Country
Orange

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGNER, JAMES B
225 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, ROBERT B	
STREET ADDRESS	1414 KUHL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLENMEYER, JOHN W	
STREET ADDRESS	1414 KUHL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWLEY, EDWARD W	
STREET ADDRESS	1414 KUHL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGLETON, GARRY J	
STREET ADDRESS	9400 TURKEY LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brian Schiff
1.3 STREET ADDRESS	1059 maitland Center Commons
1.4 CITY-ST-ZIP	Maitland, FL 32751
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas W. Skemp
2.3 STREET ADDRESS	1059 maitland Center Commons
2.4 CITY-ST-ZIP	Maitland, FL 32751
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John G. Kassab
3.3 STREET ADDRESS	1059 maitland Center Commons
3.4 CITY-ST-ZIP	Maitland, FL 32751
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1059 maitland Center Commons
4.4 CITY-ST-ZIP	Maitland, FL 32751
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jean Fulbright
5.3 STREET ADDRESS	1059 maitland Center Commons
5.4 CITY-ST-ZIP	Maitland, FL 32751
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Doug DePew
6.3 STREET ADDRESS	1059 maitland Center Commons
6.4 CITY-ST-ZIP	Maitland, FL 32751

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 included 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: John G. Kassab JOHN G. KASSAB 4-16-97 407-667-9599 ext 311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Cont. - Block 13

Title: V
Name: Roger Poitras, Jr.
Street Address: 1059 Maitland Center Commons
City, State, Zip: Maitland, Florida 32751

x Addition

Title: V
Name: Chris Keysor
Street Address: 1059 Maitland Center Commons
City, State, Zip: Maitland, Florida 32751

x Addition