

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092580 (5)
 1. Corporation Name
CARELINK MANAGEMENT, INC.



Principal Place of Business 1059 MAITLAND CTR COMMONS MAITLAND FL 32751 US	Mailing Address 1059 MAITLAND CTR COMMONS MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3415348	Applied For Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	
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12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, ROBERT B		1.2 NAME	John w. Bozard	
STREET ADDRESS	1414 KUHLE AVENUE		1.3 STREET ADDRESS	1414 Kuhl Avenue	
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLENMEYER, JOHN W		2.2 NAME	Karl Hodges	
STREET ADDRESS	1414 KUHLE AVENUE		2.3 STREET ADDRESS	1414 Kuhl Avenue	
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWLEY, EDWARD W		3.2 NAME	John G. Nassab	
STREET ADDRESS	1414 KUHLE AVENUE		3.3 STREET ADDRESS	1059 maitland center commons	
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, GARRY J		4.2 NAME	Robert Rowland	
STREET ADDRESS	1059 MAITLAND CENTER COMMONS		4.3 STREET ADDRESS	1059 maitland center commons	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	maitland, FL 32751	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULBRIGHT, JOAN		5.2 NAME		
STREET ADDRESS	1059 MAITLAND CENTER COMMONS		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPEW, DOUG		6.2 NAME		
STREET ADDRESS	1059 MAITLAND CENTER COMMONS		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		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]* 4-20-98 407-247-9888 EXT 311

CR2E034 (10/97)