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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90065 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000092580**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/12/1996	4. FEI Number 59-3415348	Applied For Not Applicable
22 Suite, Apt. #, etc. 600 Courtland St. Suite 100	27 Suite, Apt. #, etc. 600 Courtland St. Suite 100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Orlando, FL	28 City & State Orlando FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 32804	25 Country	29 Zip 32804	30 Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BOGNER, JAMES B 225 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRELL, ROBERT B		1.2 NAME	
STREET ADDRESS 1414 KUHL AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILLENMEYER, JOHN W		2.2 NAME	
STREET ADDRESS 1414 KUHL AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COWLEY, EDWARD W		3.2 NAME	
STREET ADDRESS 1414 KUHL AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806		3.4 CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOZARD, JOHN W.		4.2 NAME	DIP
STREET ADDRESS 1414 KUHL AVE		4.3 STREET ADDRESS	Shannon Elswick
CITY-ST-ZIP ORLANDO FL 32806		4.4 CITY-ST-ZIP	600 Courtland St. #100 Orlando FL 32804
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HODGES, KARL		5.2 NAME	
STREET ADDRESS 1414 KUHL AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32806		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KASSAB, JOHN G.		6.2 NAME	V/T
STREET ADDRESS 1059 MAITLAND CENTER COMMONS		6.3 STREET ADDRESS	Kassab, John G.
CITY-ST-ZIP MAITLAND FL 32751		6.4 CITY-ST-ZIP	600 Courtland St. #100 Orlando FL 32804

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, with all other like empowered.

SIGNATURE: John G. Kassab JOHN G. KASSAB Date: 4-20-99 467-975-2202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)