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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1997 8:00am

Secretary of State

(813)384-0220

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099098 (1)

CRYSTAL CARE MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address 11580 OAKHURST ROAD 11580 OAKHURST ROAD LARGO FL 34644 LARGO FL 33774-3948 3. Date Incorporated or Qualified 3a. Date of Last Report 12/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 7401 CENTRAL AVENUE 59-3416622 Not Applicable 26 7401 CENTRAL AVENUE Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ST. PETERSBURG, FL ST. PETERSBURG, FL 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 33710 25 PINELLAS 33710 30 PINELLAS Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILLIAM J. MESS **HUNT, NANCY W ESQUIRE** Street Address (P.O. Box Number is Not Acceptable) 7401 CENTRAL AVENUE 11580 OAKHURST ROAD 82 **LARGO FL 34644** 83 84 City Zip Code ST PETERSBURG 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 Fiorida, 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. July Sand title il applicable llon WILLIAM J. MESS SIGNATURE Signature typeo (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS (96/6)12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE **PSTD** 1.1 TITLE NAME WILLIAM J. MESS 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition Channe TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

illian J. MESS