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

FILED Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000013537 (0) PRICARE MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 2323 CURLEW RD 2323 CURLEW RD SHITE 7F SUITE 7F DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Date Incorporated or Qualified 02/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 342950_3 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Zip Zin This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Country Personal Property Tax due June 30. 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACOBSON, CHARLES J 2323 CURLEW RD Street Address (P.O. Box Number is Not Acceptable) SUITE 7E 83 PALM HARBOR FL 34683 City Zip Code 11. Pursuant to the provisions of Soctions 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TIELF JACOBSON, CHARLES J NAME 12 NAME 2323 CURLEW RD SUITE 7E STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PROMIN, RICHARD E M.D. 2.2 NAME NAME 2215 SE FT KING ST SUITE C STREET ADDRESS 2.3 STREET ADDRESS OCALA FL 34471 CHY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE Popeil. Larry R M.D 3.2 NAME NAME 1224 SE MAGNOLIA EXTENSION STREET ADDRESS 3.3 STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 changing or on an entachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

4/14/98 813-785-980

Change

Addition

CR2E034