

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000034152 (3)

1. Corporation Name  
AACECARE, INC.



Principal Place of Business

701 FISK STREET  
SUITE 100  
JACKSONVILLE FL 32204

Mailing Address

701 FISK STREET  
SUITE 100  
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1000 Riverside Ave

Suite, Apt. #, etc.

22 Suite # 205

City & State

23 Jacksonville FL

Zip

24 32204

Country

25 Duval

2a. Mailing Address

26 1000 Riverside Ave

Suite, Apt. #, etc.

27 Ste 205

City & State

28 Jacksonville FL

Zip

29 32204

Country

30 Duval

9. Name and Address of Current Registered Agent

JONES, DONALD C  
701 FISK STREET  
SUITE 100  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name Jones, Donald C.

82 Street Address (P.O. Box Number is Not Acceptable)

1000 Riverside Ave

83 Suite 205

84 City

Jacksonville

FL

85 Zip Code

32204

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 Donald C. Jones, Dir.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SEIBEL, JOHN A M.D.  
STREET ADDRESS 201 CEDAR STREET, S.E., SUITE 607  
CITY-ST-ZIP ALBUQUERQUE NM 87106

TITLE ☐ DELETE

NAME BASKIN, H. JACK M.D.  
STREET ADDRESS 2921 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME HODGSON, STEPHEN F M.D.  
STREET ADDRESS 200 FIRST STREET, S.W.  
CITY-ST-ZIP ROCHESTER MN 55905

TITLE ☐ DELETE

NAME FELD, STANLEY M.D.  
STREET ADDRESS 5480 LA SIERRA DRIVE  
CITY-ST-ZIP DALLAS TX 75231

TITLE ☐ DELETE

NAME JONES, DONALD C  
STREET ADDRESS 701 FISK STREET, SUITE 100  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE

NAME ROXBARD, HELENA  
STREET ADDRESS 14808 PHYSICIANS LANE, NO. 111  
CITY-ST-ZIP ROCKVILLE MD 20850

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

CR2E034 (10/97)