

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 046 ***150.00

DOCUMENT # P97000034152

1. Corporation Name
AACECARE, INC.

Principal Place of Business

1000 RIVERSIDE AVE
#205
JAX FL 32204
US

Mailing Address

1000 RIVERSIDE AVE
#205
JAX FL 32204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

APPLIED FOR

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JONES, DONALD C
1000 RIVERSIDE AVE
#205
JAX FL 32204

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIBEL, JOHN A M.D.	
STREET ADDRESS	201 CEDAR STREET, S.E., SUITE 607	
CITY-ST-ZIP	ALBUQUERQUE NM 87106	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASKIN, H. JACK M.D.	
STREET ADDRESS	2921 NORTH ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HODGSON, STEPHEN F M.D.	
STREET ADDRESS	200 FIRST STREET, S.W.	
CITY-ST-ZIP	ROCHESTER MN 55905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELD, STANLEY M.D.	
STREET ADDRESS	5480 LA SIERRA DRIVE	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DONALD C	
STREET ADDRESS	701 FISK STREET, SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODBARD, 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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COBIN, RHODA H., MD	
1.3 STREET ADDRESS	44 Godwin Avenue	
1.4 CITY-ST-ZIP	Midland Park, NJ 07432	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DICKEY, RICHARD A., MD	
2.3 STREET ADDRESS	415 N. Center St. - Suite 203	
2.4 CITY-ST-ZIP	Hickory, NC 28601	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1000 Riverside Ave. - Suite 205	
5.4 CITY-ST-ZIP	Jacksonville, FL 32204	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

(904)353-7878

Date

Daytime Phone #

0022851

CR2E034 (1/1/98)