

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056523 (8)

1. Corporation Name

CARE UNLIMITED HEALTH CARE SERVICES INC.



Principal Place of Business	Mailing Address
6045 KIMBERLY BLVD. SUITE C N. LAUDERDALE FL 33068	6045 KIMBERLY BLVD. SUITE C N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/26/1997	
4. FEI Number 650767105		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILBURN, LECRESHA
5720 LAKESIDE DR. #609
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name	WILBURN, LECRESHA
82 Street Address (P.O. Box Number is Not Acceptable)	715 NW 42nd Pl
83	
84 City	Pompano Beach FL
85 Zip Code	33064

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	DP	1.1 TITLE	DV HENRY, WINSOME
NAME	WILBURN, LECRESHA	1.2 NAME	
STREET ADDRESS	6045 KIMBERLY BLVD., SUITE C	1.3 STREET ADDRESS	6045 KIMBERLY BLVD, SUITE C
CITY-ST-ZIP	N. LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	N. LAUDERDALE FL 33068
TITLE	DV	2.1 TITLE	
NAME	EDWARDS, PANSY	2.2 NAME	
STREET ADDRESS	6045 KIMBERLY BLVD., SUITE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	HENRY, WINSOME	3.2 NAME	
STREET ADDRESS	6045 KIMBERLY BLVD., SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: WILBURN, LECRESHA WINSOME, HENRY 4/17/98 9514-968-3939

CR2E034 (10/97)