

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

FILED
May 07 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 # P97000109147 (3)
 1. Corporation Name
CAMCARE, INC.



Principal Place of Business 507 S. PAULA DRIVE DUNEDIN FL 34698	Mailing Address 507 S. PAULA DRIVE DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 17757 U.S. HWY 19 N.	26 17757 U.S. HWY 19 N.			12/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
SUITE 350		SUITE 350		59-3500513	
City & State		City & State		Applied For	
CLEARWATER FL		CLEARWATER FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
33764		33764		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
USA		USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33764		25 USA		29 33764	
30 USA		31 33764		32 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PATCHEN, JASON 507 S. PAULA DRIVE DUNEDIN FL 34698				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				17757 U.S. HWY 19 N	
				SUITE 350	
83 City		84 Zip Code		85	
CLEARWATER		FL		33764	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P
STREET ADDRESS		1.3 STREET ADDRESS	JASON PATCHEN
CITY - ST - ZIP		1.4 CITY - ST - ZIP	17757 U.S. HWY 19 N., SUITE 350
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T
STREET ADDRESS		2.3 STREET ADDRESS	DAVID A. SHERWIN
CITY - ST - ZIP		2.4 CITY - ST - ZIP	17757 U.S. HWY 19 N., SUITE 350
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *David A. Sherwin* **DAVID A. SHERWIN** 4-29-98 (813) 536-9956

CR2E034 (10/97)