

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90029 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000109147

1. Corporation Name
CAMCARE, INC.

Principal Place of Business 17757 US HWY 19 N. SUITE 350 CLEARWATER FL 33764 US	Mailing Address 17757 US HWY 19 N. SUITE 350 CLEARWATER FL 33764 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 470 23 City & State 24 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. SUITE 470 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 12/31/1997	4. FEI Number 59-3500513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PATCHEN, JASON
 17757 US HWY 19 N.
 SUITE 350
 CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 SUITE 470	
84 City	FL

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

TITLE	P <input type="checkbox"/> DELETE
NAME	PATCHEN, JASON
STREET ADDRESS	17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	T <input type="checkbox"/> DELETE
NAME	SHERWIN, DAVID A.
STREET ADDRESS	17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SUITE 470
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SUITE 470
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S CHRISTOPHER M. GRADY
3.3 STREET ADDRESS	17757 U.S. HWY 19 N., SUITE 470
3.4 CITY-ST-ZIP	CLEARWATER, FL 33764
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C C. THOMAS McMILLEN
4.3 STREET ADDRESS	666 11th ST. N.W., SUITE 200
4.4 CITY-ST-ZIP	WASHINGTON, D.C. 20001
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D REV E. KAPLAN
5.3 STREET ADDRESS	8248 Paseo Vista Dr.
5.4 CITY-ST-ZIP	Las Vegas, NV 89128
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Dan Tillotson
6.3 STREET ADDRESS	1635 Sand Key Estates Ct.
6.4 CITY-ST-ZIP	Clearwater, FL 33767

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)* 4/30/99 727-536-9956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)