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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90032 024 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000048876 | | | | | |
| 1. Corporation Name SHAMARE HEALTH CARE, INC. | | | | | |
| Principal Place of Business 5975 WEST SUNRISE BLVD., STE. 112 SUNRISE FL 33312 | | | Mailing Address 5975 WEST SUNRISE BLVD., STE. 112 SUNRISE FL 33312 | | |
| 2. Principal Place of Business 21 5975 West Sunrise Blvd Ste 112 Suite, Apt. #, etc. 22 Sunrise-Florida City & State 23 Florida Zip 24 33312 | | 2a. Mailing Address 26 5975 West Sunrise Blvd Ste 112 Suite, Apt. #, etc. 27 Sunrise City & State 28 Florida Zip 29 33312 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1998 4. FEI Number 65-0814221 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MONCRIEFFE, JANET 5975 WEST SUNRISE BLVD., STE. 112 SUNRISE FL 33312 | | | 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 <input type="checkbox"/> DELETE | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE P NAME MONCRIEFF, JANET STREET ADDRESS 18051 NW 68TH AVE. CITY-ST-ZIP MIAMI FL 33015 | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Address Chang 4890 SW 21 Street Hollywood, FL 33023 | | |
| TITLE S NAME RILEY, SHARON STREET ADDRESS 8937 NW 47 STREET CITY-ST-ZIP SUNRISE FL 33351 | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Sandra Lee 7430 NW 49 Street Lauderhill, FL 33319 SS 096-80-4164 | | |
| TITLE T NAME BRYAN, YVONNE STREET ADDRESS 7541 NW 11 PLACE CITY-ST-ZIP PLANTATION FL 33317 | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE D NAME ATCHESON, MICHAEL STREET ADDRESS 4141 NW 5 STREET CITY-ST-ZIP PLANTATION FL | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Monica Jones 4802 NW 37 Street Sunrise, FL 33351 SS 077-84-1990 | | |
| TITLE V NAME STEVENS, SHARON STREET ADDRESS 8530 NW 48 STREET CITY-ST-ZIP LAUDERHILL FL 33351 | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE 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: Janet Moncrieffe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99 (454) 583-5116
 Date Daytime Phone #

CR2E034 (11/98)