

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

DOCUMENT # V27628

1. Corporation Name

CONSULT CARE, INC.

Principal Place of Business

9417 PRINCESS PALM AVE
S325
TAMPA FL 33619
US

Mailing Address

9417 PRINCESS PALM AVE
S325
TAMPA FL 33619
US

2. Principal Place of Business

21 1202 Tech Blvd

Suite, Apt. #, etc.

22 100

City & State

23 Tampa FL

Zip Country

24 33619

25 Hillsborough

2a. Mailing Address

26 6800 N Dale Mabry

Suite, Apt. #, etc.

27 100

City & State

28 Tampa FL

Zip Country

29 33614

30 Hillsborough

9. Name and Address of Current Registered Agent

MULDER, JOANNA
9417 PRINCESS PALM AVENUE
SUITE 325
TAMPA FL 33619

3. Date Incorporated or Qualified

04/06/1992

4. FEI Number

59-3119198

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

10. Name and Address of New Registered Agent

81 Name Chuck Broes, American Enterprise Solutions Inc
82 Street Address (P.O. Box Number is Not Acceptable)
6800 N. Dale Mabry
83 Suite 100
84 City Tampa FL 85 Zip Code 33614

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 Chuck Broes, CEO

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 PD
NAME MULDER, JOANNA
STREET ADDRESS 7504 KINARD RD.
CITY-ST-ZIP PLANT CITY FL

DELETE

TITLE ST
NAME MULDER, JOANNA
STREET ADDRESS 7504 KINARD RD.
CITY-ST-ZIP PLANT CITY FL

DELETE

TITLE VD
NAME DAVIS, ERICK
STREET ADDRESS 2418 FORRESTCREST CIR
CITY-ST-ZIP LUTZ FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME Cardwell C Nuckols
1.3 STREET ADDRESS 6800 N. Dale Mabry Highway
1.4 CITY-ST-ZIP Suite 100 Tampa FL 33614

Change Addition

2.1 TITLE CD
2.2 NAME Chuck Broes
2.3 STREET ADDRESS 6800 N. Dale Mabry Highway Suite 100
2.4 CITY-ST-ZIP Tampa FL 33614

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: Chuck Broes, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

813/882-6567

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 018 ***750.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)