

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

FILED

May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V58269 (4)			
1. Corporation Name CARE STAT OF COLORADO, INC.			
Principal Place of Business 13952 DENVER W PKWY STE 320 GOLDEN CO 80401 US		Mailing Address 270 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701-4335	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 900 Winderley Place	
22 City & State		27 Suite 230	
23 Zip		28 Maitland, FL	
24 Country		29 32751	
25		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEWIS, ROBERT E. 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602		81 Name Joe Rugg	
		82 Street Address (P.O. Box Number is Not Acceptable) One Tampa City Center	
		83 Suite 2100	
		84 City Tampa	
		85 Zip Code FL 33601	
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 607.1505, Florida Statutes.			
SIGNATURE <i>Joseph Rugg</i> (NOTE: Registered Agent signature required when reinstating)			
DATE 4/4/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME POWERS, TIMOTHY J.		1.2 NAME	
1.3 STREET ADDRESS 270 S. NORTHLAKE BLVD.		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP ALTAMONTE SPRGS. FL		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME POWERS, KEVIN C.		2.2 NAME	
2.3 STREET ADDRESS 270 S. NORTHLAKE BLVD.		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP ALTAMONTE SPRGS. FL		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME MILLER, ANDREW W.		3.2 NAME	
3.3 STREET ADDRESS 270 S. NORTHLAKE BLVD.		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP ALTAMONTE SPRGS. FL		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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 supplementary 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 by an attachment with an address.			
SIGNATURE: <i>[Signature]</i> SIGNATURE REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone			



CR2E034 (9/96)