


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

**FILED**  
**Feb 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 422339 (2)**

1. Corporation Name  
**FLORIDA LIFE CARE, INC.**

Principal Place of Business <b>10085 RED RUN BLVD                  OWINGS MILLS MD 21117                  US</b>	Mailing Address <b>10085 RED RUN BLVD                  OWINGS MILLS MD 21117-4827                  US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>03/28/1973</b>	3a. Date of Last Report <b>03/06/1996</b>
4. FEI Number <b>59-1452755</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SO PINE ISL RD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

**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	V	<input type="checkbox"/> DELETE
NAME	<b>FULCHINO, MARK</b>	
STREET ADDRESS	<b>10085 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CIRKA, LAWRENCE</b>	
STREET ADDRESS	<b>10085 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAHILL, DENNIS A</b>	
STREET ADDRESS	<b>10085 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, MARC B</b>	
STREET ADDRESS	<b>10085 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ELKINS, MARSHALL A</b>	
STREET ADDRESS	<b>10085 RED RUN BLVD.</b>	
CITY-ST-ZIP	<b>OWINGS MILLS MD 21117</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002093552</b>
5.3 STREET ADDRESS	<b>-02/20/97--01092--003</b>
5.4 CITY-ST-ZIP	<b>***3300.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jennett Bradley</b>
6.3 STREET ADDRESS	<b>10085 RED RUN BLVD.</b>
6.4 CITY-ST-ZIP	<b>OWINGS MILLS, MD 21117</b>

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 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: Mark Fulchino **MARK FULCHINO** 1/17/97 (410) 998-8528

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)