

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

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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097605 (5)

1. Corporation Name
O2 CARE CORPORATION



Principal Place of Business 2238 HIGHWAY 44 WEST INVERNESS FL 34450	Mailing Address 2238 HIGHWAY 44 WEST INVERNESS FL 34453-3873
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3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-342127	Applied For 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent STALCUP, VICTORIA 2238 HIGHWAY 44 WEST INVERNESS FL 34450	
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE	VICTORIA STALCUP - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	1.2 NAME	2238 HWY 44 WEST
		1.3 STREET ADDRESS	INVERNESS, FL 34450
		1.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	WILLIAM D. KING
		2.3 STREET ADDRESS	2631-A N.W. 4TH ST
		2.4 CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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 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: Victoria A. Stalcup **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-6-97** Daytime Phone # **352-795-1800**

CRE034 (9/96)