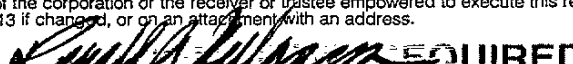


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748142 (7) 1. Corporation Name HEALTH RESOURCE ALLIANCE OF PASCO, INC.					
Principal Place of Business 13520 17 ST DADE CITY FL 33525 US		Mailing Address PO BOX 2305 DADE CITY FL 33526-2305 US			
2. Principal Place of Business 21 13520 17th Street		2a. Mailing Address 25		3. Date Incorporated or Qualified 07/20/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1964612	
22 City & State 23 Dade City, FL		27 City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Zip 33525 25 Country US		29 Zip 30 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MELANCON, RONALD A. 13520 17TH ST. DADE CITY FL 33525				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
				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 617.0502 and 617.1508, 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 617.0503, 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 P ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition			
NAME MELANCON, RONALD		1.2 NAME			
STREET ADDRESS 13520 17TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP DADE CITY FL		1.4 CITY-ST-ZIP			
TITLE D ☐ DELETE		2.1 TITLE VCD ☒ Change ☐ Addition			
NAME KERBS, JOHN		2.2 NAME DIANE MORRIS			
STREET ADDRESS 13520 17 ST		2.3 STREET ADDRESS 7530 LITTLE ROAD			
CITY-ST-ZIP DADE CITY FL		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654			
TITLE TD ☐ DELETE		3.1 TITLE TD ☒ Change ☐ Addition			
NAME MORRIS, DIANE		3.2 NAME JOHN KERBS			
STREET ADDRESS 7530 LITTLE RD		3.3 STREET ADDRESS 13520 17th STREET			
CITY-ST-ZIP NEW PT RICHEY FL		3.4 CITY-ST-ZIP DADE CITY, FL 33525			
TITLE S ☐ DELETE		4.1 TITLE S ☒ Change ☐ Addition			
NAME HEALD, MIA		4.2 NAME MARY ELDER			
STREET ADDRESS 35167 BAXLEY DRIVE		4.3 STREET ADDRESS 3274 BARTH ROAD			
CITY-ST-ZIP DADE CITY FL 33523		4.4 CITY-ST-ZIP DADE CITY, FL 33525			
TITLE CD ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition			
NAME JONES, SANDRA		5.2 NAME			
STREET ADDRESS 13981 PARADISE LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP DADE CITY FL		5.4 CITY-ST-ZIP			
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  REQUIRED					

CR2E037 (10/97)