


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770807 (6)

1. Corporation Name
ALLEGANY ANCILLARY SERVICES, INC.



Principal Place of Business 6200 COURTNEY CAMPBELL CSWY 100 TAMPA FL 33607 US	Mailing Address 6200 COURTNEY CAMPBELL 100 TAMPA FL 33607-1458 US
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3. Date Incorporated or Qualified 10/14/1983	3a. Date of Last Report 04/05/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2411487	Applied For Not Applicable
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9. Name and Address of Current Registered Agent

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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SULLIVAN, SR M. CELESTE
6200 COURTNEY CAMPBELL CSWY #100
SUITE 220
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name HOWARD WATTS
82 Street Address (P.O. Box Number is Not Acceptable) 6200 COURTNEY CAMPBELL CSWY #100
83
84 City TAMPA
85 Zip Code FL 33607

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 *[Signature]* **HOWARD W. WATTS** **4/9/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T	<input type="checkbox"/> DELETE
NAME DOOLEY, MICHAEL T.	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME RINER, RONALD	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WATTS, HOWARD	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
2.2 NAME SHARKEY, O.S.F., SISTER GLADYS	
2.3 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #100	
2.4 CITY-ST-ZIP TAMPA FL 33607	
3.1 TITLE PD	<input checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 200002152672	
6.3 STREET ADDRESS -04/23/97--01100--031	
6.4 CITY-ST-ZIP ***806.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **Michael T. Dooley** **4/9/97** **612 201 0000**

CR2E037 (9/96)