


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. Norham 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		3. Date Incorporated or Qualified 10/14/1983	3a. Date of Last Report 04/05/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2411487		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent 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 FL 85 Zip Code 33607	
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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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOOLEY, MICHAEL T.		1.2 NAME	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RINER, RONALD		2.2 NAME	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100		2.3 STREET ADDRESS SHARKEY, O.S.F., SISTER GLADYS 6200 COURTNEY CAMPBELL CAUSEWAY #100	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP TAMPA FL 33607	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATTS, HOWARD		3.2 NAME	
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(l), 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** **812 221 0000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (9/96)