FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33866** **(9)**

1. Corporation Name
NATIONS HEALTHCARE OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
6408 N ARMENIA AVENUE SOUTH SUITE TAMPA FL 33604 US	500 SUGAR MILL RD. SUITE 170-A ATLANTA GA 30350-2864 US

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1000 MANSELL EXCHANGE WEST
Suite, Apt #, etc.
27 SUITE 230
City & State
28 ALPHARETTA, GA
Zip 29 30202 Country 30 USA

4. FEI Number: 65-0111970 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
LAGER, CHARLIE
5525 ROOSEVELT BLVD.
JACKSONVILLE, FL 32244

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
Signature, Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	WOOD, BOB	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST., STE 230	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	V	[ ] DELETE
NAME	LAGER, CHARLIE	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST., STE 230	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	[ ] Change [X] Addition
3.2 NAME	MURDOCK, STEVE	
3.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
3.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/95)

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 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: Stephen H. Murdock 3-17-97 770-518-3960