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FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000004087 (1)

1. Corporation Name  
HEALTH SYSTEMS, INC.



Principal Place of Business  
5111 66TH STREET NORTH  
SUITE 102  
ST PETERSBURG FL 33709

Mailing Address  
P.O. BOX 61414  
ST PETERSBURG FL 33784-1414

3. Date Incorporated or Qualified 05/04/1995  
3a. Date of Last Report 04/11/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3338460  
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  Yes  No

9. Name and Address of Current Registered Agent

DAFONTE, RICHARD J  
1000 BELCHER ROAD SOUTH, SUITE 2  
LARGO FL 34641

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, MARIE	
STREET ADDRESS	5657 PARK STREET NORTH	
CITY - ST - ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERFOOT, JOSEPH	
STREET ADDRESS	426 EAST DAVIS BOULEVARD	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGELO, SHIRLEY RN	
STREET ADDRESS	8601 H STREET NORTH	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, SANDY	
STREET ADDRESS	5472 27TH STREET APT 73	
CITY - ST - ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marie White
1.3 STREET ADDRESS	5111-66th ST. N. #102
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33709
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dann La Valley, D. Trus
5.3 STREET ADDRESS	610 Manatee Dr Fiscal Officer
5.4 CITY - ST - ZIP	RUSKIN FL Accountant Treasurer
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	Dann La Valley, D. Trus
STREET ADDRESS	610 Manatee Dr Fiscal Officer
CITY - ST - ZIP	RUSKIN, FL Accountant Treasurer
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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 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]* Exec. Director 1/9/97 813-545-8334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062235

CR2E037 (9/96)