

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 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 # N95000004227 (3)
1. Corporation Name
NATIONAL ALLIANCE FOR QUALITY HEALTH CARE, INC.



Principal Place of Business Mailing Address
2833 MEADOW HILL DRIVE CLEARWATER FL 34621

3. Date Incorporated or Qualified 08/31/1995
4. FEI Number 59-3338538
Applied For Not Applicable

21. Principal Place of Business 21a. Mailing Address
3136 Autumn Drive 3136 Autumn Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. City & State 22a. City & State
Palm Harbor, FL Palm Harbor FL
23. Zip 23a. Zip 23b. Country 23c. Country
34683 USA 34683 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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

9. Name and Address of Current Registered Agent
WISCHWEH, STEPHEN W
2833 MEADOW HILL DRIVE
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name GABRIEL Stilian
82 Street Address (P.O. Box Number, is Not Acceptable) 3136 Autumn Drive
83
84 City Palm Harbor FL 85 Zip Code 34683

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 Gabriel N Stilian May 1, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WISCHWEH, STEPHEN W	2833 MEADOW HILL DR.	CLEARWATER FL 34621	<input checked="" type="checkbox"/>
TD	GARRETT, KAREN K	2833 MEADOW HILL DR.	CLEARWATER FL 34621	<input checked="" type="checkbox"/>
SD	STILIAN, GABRIEL	2833 MEADOW HILL DR.	CLEARWATER FL 34621	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President + Director	GABRIEL Stilian	3136 Autumn Drive	Palm Harbor, FL 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD Secretary + Director	Cheryl McCarthy	1249 Dartmouth Dr.	HOLISTY, FL 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Stilian, Gabriel	3136 Autumn Drive	Palm Harbor, FL 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	CALDWELL, EDWARD	1932 Carlos Ave.	Clearwater, FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gabriel N Stilian May 1, 1998 (42) No Fee

CR2E037 (10/97)