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Secretary of State

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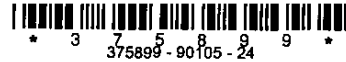
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004227

1. Corporation Name
NATIONAL ALLIANCE FOR QUALITY HEALTH CARE, INC.



Principal Place of Business: 3136 AUTUMN DR, PALM HARBOR FL 34683, US
 Mailing Address: 3136 AUTUMN DR, PALM HARBOR FL 34683, US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. <i>Same as above</i>	26. <i>Same as above</i>	08/31/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
		59-3338538
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
25. Country	30. Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GABRIEL STILIAN 3136 AUTUMN DR PALM HARBOR FL 34683	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL STILIAN	1.2 NAME	
STREET ADDRESS	3136 AUTUMN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL MCCARTHY	2.2 NAME	
STREET ADDRESS	1249 DARTMOUTH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, EDWARD	3.2 NAME	
STREET ADDRESS	1932 CARLOS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	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 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, with all other like empowered.

SIGNATURE: *Gabriel N. Stilian* REG **GABRIEL N. STILIAN** 4/21/99 (727) 785-4962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)