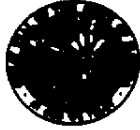


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000004513 (8)
Corporation Name
GREENWOOD COMMUNITY HEALTH RESOURCE CENTER, INC.



Principal Place of Business 1000 N. Greenwood Ave Suite 2201 Clearwater FL 33755		Mailing Address 1000 N. Greenwood Ave. Suite 2201 Clearwater FL 33755		3. Date Incorporated or Qualified 8/29/96	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0743078	
21		26		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		24	
Country		Country		25	
26		29		30	

9. Name and Address of Current Registered Agent Willa Carson 1777 Harbor Dr Clearwater FJ 33755 US				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 617.0602 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 resigning) 900002526909

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input type="checkbox"/>	1.1 TITLE D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Carson, Willa		1.2 NAME Showers, Gregory	
STREET ADDRESS 1777 Harbor Dr		1.3 STREET ADDRESS 133 N. Ft. Harrison Ave.	
CITY-ST-ZIP Clearwater FL 33755		1.4 CITY-ST-ZIP Clearwater FL 33755	
TITLE VPD	DELETED <input type="checkbox"/>	2.1 TITLE D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Deegan, Art		2.2 NAME Logan, Walter Judge	
STREET ADDRESS 891 Island Way		2.3 STREET ADDRESS 14250 49th St. N.	
CITY-ST-ZIP Clearwater FL 33767		2.4 CITY-ST-ZIP Clearwater FL 33762	
TITLE STD	DELETED <input type="checkbox"/>	3.1 TITLE D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Johnson, Janice		3.2 NAME Renfrow, Jeannie	
STREET ADDRESS 210 S. Ewing Ave		3.3 STREET ADDRESS 600 Cleveland St.	
CITY-ST-ZIP Clearwater FL 33756		3.4 CITY-ST-ZIP Clearwater FL 33755	
TITLE D	DELETED <input type="checkbox"/>	4.1 TITLE D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Goss, Theresa C		4.2 NAME Heastie, Joseph E.	
STREET ADDRESS 1201 Macrae Ave		4.3 STREET ADDRESS 10715 N. MacArthur Blvd. #249	
CITY-ST-ZIP Clearwater FL 33767		4.4 CITY-ST-ZIP Irving TX 750 63	
TITLE D	DELETED <input type="checkbox"/>	5.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME Cazares, Gabe		5.2 NAME French, Deborah M.D.	
STREET ADDRESS 2581 Countryside Blvd #301		5.3 STREET ADDRESS 1305 S. Ft. Harrison	
CITY-ST-ZIP Clearwater FL 33761		5.4 CITY-ST-ZIP Clearwater 33756	
TITLE D	DELETED <input type="checkbox"/>	6.1 TITLE D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Sherman, William F.		6.2 NAME Benson, Granger M.D.	
STREET ADDRESS 1014 Pennsylvania Ave		6.3 STREET ADDRESS 1551 W. Bay Dr	
CITY-ST-ZIP Clearwater FL 33755		6.4 CITY-ST-ZIP Largo FL 34640	

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, on an attachment with an address.