

FILE NOW: FILING FEE IS \$61.25

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**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004350 (1)
1. Corporation Name
HEP-C ALERT, INC.



Principal Place of Business 801 S. UNIVERSITY DR., STE. 138-C PLANTATION FL 33324	Mailing Address 801 S. UNIVERSITY DR., STE. 138-C PLANTATION FL 33324
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3. Date Incorporated or Qualified
07/31/1997

4. FEI Number
65-0770856

Applied For	Not Applicable
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2. Principal Place of Business 21 965 N. NOB HILL ROAD	2a. Mailing Address 26 965 N. NOB HILL ROAD
Suite, Apt. #, etc. 22 150	Suite, Apt. #, etc. 27 150
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip 24 33324	Zip 29 33324
Country 25 USA	Country 30 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE DIRECTOR "D/P/T/S"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDRA LEE THOMAS	
1.3 STREET ADDRESS	1541 SW 55 AVE	
1.4 CITY-ST-ZIP	PLANTATION, FL 33317	
2.1 TITLE	DIRECTOR "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACQUELINE REA	
2.3 STREET ADDRESS	12 IRVING STREET 2ND FLOOR	
2.4 CITY-ST-ZIP	PORTLAND, ME 04103	
3.1 TITLE	DIRECTOR "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BEVERLY HOGAN, R.N.	
3.3 STREET ADDRESS	1242 SPRUCE STREET SE	
3.4 CITY-ST-ZIP	LEEDS, AL 35094	
4.1 TITLE	VICE PRESIDENT "V"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JON GOULD	
4.3 STREET ADDRESS	6380 MOSELEY STREET	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Andra Lee Thomas* **ANDRA LEE THOMAS 3/15/98 954-797-7794**

CF2E037 (10/97)