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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90004 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000004350**

1. Corporation Name  
**HEP-C ALERT, INC.**

Principal Place of Business 965 N. NOB HILL ROAD 150 PLANTATION FL 33324 US	Mailing Address 965 N. NOB HILL ROAD 150 PLANTATION FL 33324 US
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21 2630 HOLLYWOOD BLVD. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 HOLLYWOOD, FL Zip 24 33021	25 USA	26 2630 HOLLYWOOD BLVD. Suite, Apt. #, etc. 27 SUITE 100 City & State 28 HOLLYWOOD, FL Zip 29 33021	30 USA	3. Date Incorporated or Qualified 07/31/1997	4. FEI Number 65-0770856	Applied For Not Applicable
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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
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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 NAME STREET ADDRESS CITY-ST-ZIP	OPTS THOMAS, ANDREA LEE 1541 SW 55 AVE PLANTATION FL 33317	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D NORMAN QUINN 12290 NW 20 COURT PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, JACQUELINE 12 IRVING STREET 2ND FLOOR PORTLAND ME 04103	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ROBERT MAHONEY, CPA 3801 N. FEDERAL HWY POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, BEVERLY R.N. 1242 SPRUCE STREET SE LEEDS AL 35094	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CONNIE McMURRAY, R.N. 4840 SW 92 AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOULD, JOHN SP. 6380 MOSELEY STREET HOLLYWOOD FL 33024	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P HONEY H. ROSEN, MSA 671 NE 195 ST #108 N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/S/M ANDRA LEE THOMAS 1541 SW 55 AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V JON GOULD 6380 MOSELEY ST HOLLYWOOD, FL 33024

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: ANDRA LEE THOMAS 3/13/99 954-920-5277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0039993 CR2E037 (1/198)