

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021547 (2)
 1. Corporation Name
 John Alden Neighborhood Health Corporation

Principal Place of Business ATT: (7B28) 7300 Corp. Center Dr. Miami, FL 33126-1208	Mailing Address ATT: (7B28) P. O. Box 020270 Miami, FL 33102-0270
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/21/94	4. FEI Number 65-0478869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

9. Name and Address of Current Registered Agent
 The Prentice-Hall Corp. System, Inc.
 1201 Hays Street
 Suite 105
 Tallahassee, FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> DELETE Glendon E. Johnson 7300 Corporate Center Dr Miami, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Pres. <input type="checkbox"/> DELETE William H. Mauk, Jr. 7300 Corporate Center DR Miami, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/VP/CFO <input type="checkbox"/> DELETE Scott L. Stanton 7300 Corporate Center DR Miami, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/VP <input type="checkbox"/> DELETE William S. Wilkins 7300 Corporate Center Dr Miami, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> DELETE Michael P. Andersen 7300 Corporate Center Dr Miami, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Treasurer <input type="checkbox"/> DELETE Glen A. Spence 7300 Corporate Center DR Miami, FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Rossigue* Patricia Rossigue Asst. Vice Pres. 04/22/98 305/715/3256
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

04/14/98

John Alden Neighborhood Health Corporation

Incorporated : Florida
Inc. Date : 03/21/94
Federal ID # : 65-0478869

DIRECTORS:

Glendon Elwood Johnson	Chairman of the Board
William Harold Mauk, Jr.	Director
Scott Lewis Stanton	Director
William Stanley Wilkins	Director

OFFICERS:

William Harold Mauk, Jr.	President & Chief Executive Officer
Michael Page Andersen	Sr. Vice President, Assistant General Counsel & Assistant Secretary
Glen Arthur Spence	Sr. Vice President - Finance & Accounting and Treasurer
Scott Lewis Stanton	Sr. Vice President & Chief Financial Officer
Anne Virginia Wardlow	Sr. Vice President, General Counsel & Secretary
William Stanley Wilkins	Sr. Vice President - John Alden Systems
Gary Michael Reach	Vice President - Planning & Taxation
Patricia Rossique	Assistant Vice President - Planning & Taxation
John Martin Wazowicz	Assistant Treasurer

CAPITAL STOCK:

Common

Price/Par Value: 1.00

Authorized: 1,000
Issued: 1,000
Outstanding: 1,000
in Treasury: 0

Current Owner(s)
JA Services, Inc.

Shares From
1,000 03/23/94

DIRECT SUBSIDIARIES:

None