

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089427 (6)

1. Corporation Name

MCCOLLOUGH HEALTH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

4329 N PINECASTLE TER
CRYSTAL RIVER FL 34429
US

P.O. BOX 833
CRYSTAL RIVER FL 34423
US

2. Principal Place of Business

2a. Mailing Address

21 738 N. McGowan Ave

26 738 N, McGowan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Crystal River, FL

28 Crystal River, FL

Zip

Country

Zip

Country

24 34429

25 US

29 34429

30 US

3. Date Incorporated or Qualified

12/09/1994

3a. Date of Last Report

05/18/1995

4. FEI Number

59-3283606

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOLLOUGH, BARNEY

35 CORP...

ONA FL 3

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 738 N, McGowan Ave.

84 City

Crystal River

FL

85 Zip Code

34429

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D DELETE
NAME: MCCOLLOUGH, BARNEY
STREET ADDRESS: P O BOX 833
CITY - ST - ZIP: CRYSTAL RIVER FL

TITLE: D DELETE
NAME: MCCOLLOUGH, SUSAN M
STREET ADDRESS: P.O. BOX 833
CITY - ST - ZIP: CRYSTAL RIVER FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS: 738 N, McGowan Ave
1.4 CITY - ST - ZIP: Crystal River, FL 34429

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 738 N, McGowan Ave.
2.4 CITY - ST - ZIP: Crystal River, FL 34429

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan McCollough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan McCollough

1-25-96

Date

(904) 563-1586

Device Phone #

CR2E034 (12/95)