

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000012659 (4)

1. Corporation Name
JOHN ALDEN HEALTH OF FLORIDA, INC.



Principal Place of Business: **7300 CORPORATE CENTER DRIVE MIAMI FL 33128**
 Mailing Address: **7300 CORPORATE CENTER DRIVE MIAMI FL 33128-1232**

3. Date Incorporated or Qualified: **02/06/1996**
 3a. Date of Last Report: [Blank]
 4. FEI Number: **65-0640575**
 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

2. Principal Place of Business
 21. Suite, Apt. #, etc.: [Blank]
 22. City & State: [Blank]
 23. Zip: [Blank] Country: [Blank]
 24. [Blank] 25. [Blank]
 2a. Mailing Address
 26. **P.O. Box 020270**
 Suite, Apt. #, etc.: [Blank]
 27. **7328**
 City & State: [Blank]
 28. **MIAMI, FL**
 Zip: [Blank] Country: [Blank]
 29. **33126** 30. [Blank]

9. Name and Address of Current Registered Agent
PRENTICE HALL LEGAL & FINANCIAL SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent
 81. Name: [Blank]
 82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83. [Blank]
 84. City: [Blank] 85. Zip Code: **FL**

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: [Blank] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

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
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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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM H. MAUK, SR.	
1.3 STREET ADDRESS	7300 CORPORATE CENTER DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33126	
2.1 TITLE	DIRECTOR / VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCOTT L. STANTON	
2.3 STREET ADDRESS	7300 CORPORATE CENTER DR	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
3.1 TITLE	SECRETARY / VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANNE V. WARDLOW	
3.3 STREET ADDRESS	7300 CORPORATE CENTER DR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33126	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARTIN B. KOFSKY	
4.3 STREET ADDRESS	7300 CORPORATE CENTER DR.	
4.4 CITY-ST-ZIP	MIAMI, FL 33126	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARVIN H. ASSOFSKY	
5.3 STREET ADDRESS	7300 CORPORATE CENTER DR	
5.4 CITY-ST-ZIP	MIAMI, FL 33126	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GLENDA E. JOHNSON	
6.3 STREET ADDRESS	7300 CORPORATE CENTER DR	
6.4 CITY-ST-ZIP	MIAMI, FL 33126	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)

[Handwritten signatures and notes]

01/02/97

John Alden Health of Florida, Inc.

Incorporated : Florida
Inc. Date : 02/06/96
Federal ID # : 65-0640575

DIRECTORS:

Marvin Harry Assofsky	Director
Glendon Elwood Johnson	Director
Ruben J King-Shaw, Jr.	Director
William Harold Mauk, Jr.	Director
Glen Arthur Spence	Director
Scott Lewis Stanton	Director

OFFICERS:

William Harold Mauk, Jr.	President
Scott Lewis Stanton	Sr. Vice President & Chief Financial Officer
Anne Virginia Wardlow	Sr. Vice President, General Counsel & Secretary
Martin Bruce Kofsky	Vice President & Sr. Associate Counsel
William George Piel	Vice President & Treasurer

CAPITAL STOCK:

Common

Price/Par Value: 1.00

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

Current Owner(s)

John Alden Health, Inc.

<u># Shares</u>	<u>From</u>
1,000	02/06/96

THE MAILING ADDRESS FOR ALL OF THE ABOVE OFFICERS AND DIRECTORS IS:

7300 CORPORATE CENTER DRIVE (7B28)
P. O. BOX 020270 (7B28)
MIAMI, FLORIDA 33126-1208