

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

FILED  
May 12 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 # P96000092466 (7)  
1. Corporation Name  
SHENANDOAH COMMUNITY HEALTH MANAGEMENT, INC.



Principal Place of Business 8063 S.W. 17 ST. MIAMI FL 33145 US	Mailing Address 3063 S.W. 17 ST. MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11800 SW 18 ST. Suite, Apt. #, etc. #501 City & State MIAMI FL Zip 33175 Country MIAMI DADE		2a. Mailing Address 26 11800 SW 18 ST. Suite, Apt. #, etc. #501 City & State MIAMI FL Zip 33175 Country MIAMI DADE		3. Date Incorporated or Qualified 11/12/1996	
4. FEI Number 65-0710509		Applied For 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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEZA, MARIA L. 3063 S.W. 17 ST. MIAMI FL 33145				10. Name and Address of New Registered Agent 81 Name MARIA L. DE LA SERNA. 82 Street Address (P.O. Box Number is Not Acceptable) 11800 SW 18 ST. 83 #501 84 City MIAMI FL 85 Zip Code 33175			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE <input checked="" type="checkbox"/>		1.1 TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	LEZA, MARIA L.			1.2 NAME	MARIA L. DE LA SERNA		
STREET ADDRESS	8063 S.W. 17 ST			1.3 STREET ADDRESS	11800 SW 18 ST # 501		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33175		
TITLE		DELETE <input type="checkbox"/>		2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 registered 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 the attached filing with an address.

SIGNATURE:

*Maria L. De La Serna*

4-30-98

(305)  
229 3936

CR2E034 (10/97)