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Apr 30, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000078355

1. Corporation Name
CENTERPOINT HEALTHCARE MANAGEMENT SERVICES, INC.



Principal Place of Business
**47 E ROBINSON STREET
 STE 200
 ORLANDO FL 32801
 US**

Mailing Address
**231 MARKET PLACE STE 363
 SAN RAMON GA 30453**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1997

4. FEI Number
59-3472195

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **360 CENTRAL AVE**
 Suite, Apt. #, etc.
 22 **15TH FLOOR**
 City & State
 23 **ST. PETERSBURG FL**

2a. Mailing Address
 26 **411 EAST JACKSON STREET**
 Suite, Apt. #, etc.
 27 **100**
 City & State
 28 **ORLANDO, FLORIDA**

Zip Country
 24 **33701** 25 **USA**
 29 **32801** 30 **USA**

9. Name and Address of Current Registered Agent
**SMITH, GRAEME H
 360 CENTRAL AVE STE 1705
 ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
 81 Name
APPLETON, MICHAEL J.
 82 Street Address (P.O. Box Number is Not Acceptable)
1031 WEST ROSE BLVD, SUITE 105
 83
 84 City
WINTER PARK FL 85 Zip Code
32789

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	P	<input checked="" type="checkbox"/> DELETE
NAME	DUDA, KESTUTIS A	
STREET ADDRESS	231 MARKET PLACE STE 363	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRAMER	
STREET ADDRESS	47 E ROBINSON STREET, STE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUDA, VYTENIS	
STREET ADDRESS	231 MARKET PL, STE 363	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, JAY	
STREET ADDRESS	47 E ROBINSON STREET, STE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	president <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	411 EAST JACKSON STREET
2.4 CITY-ST-ZIP	ORLANDO, FL. 32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice president VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	411 EAST JACKSON ST.
4.4 CITY-ST-ZIP	ORLANDO, FL. 32801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 1-17-99 (407) 972-7969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)