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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084852

1. Corporation Name
FLORIDA HEALTH PARTNERS, INC.

Principal Place of Business 3014 N. U.S. HWY. 301. STE. 1000 TAMPA FL 33619	Mailing Address 3014 N. U.S. HWY. 301. STE. 1000 TAMPA FL 33619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 10/02/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3537092	
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
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 _____ (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	D <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORE, ROBERT	1.2 NAME	
STREET ADDRESS	3014 N. U.S. HWY. 301, STE. 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DAVID M.D.	2.2 NAME	
STREET ADDRESS	3014 N. U.S. HWY. 301, STE. 1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOISE, JEAN	3.2 NAME	
STREET ADDRESS	3110 FAIRVIEW PARK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA 22042	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, JULIAN	4.2 NAME	
STREET ADDRESS	5707 N 22ND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACEY, BERT	5.2 NAME	
STREET ADDRESS	1745 HWY. 17 S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTWO FL 33830	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LEWIS MARSHA	6.2 NAME	
STREET ADDRESS	12512 BRUCE B. DOWNS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	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: *Jean P. Moise* 4/11/99 (757) 459-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)