

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V73357 (8)  
1. Corporation Name  
WINGS HEALTH CARE SOLUTIONS, INC.



Principal Place of Business: 1150 E. PLANT STREET SUITE C WINTER GARDEN FL 34787 US  
Mailing Address: 1150 E. PLANT STREET SUITE C WINTER GARDEN FL 34787 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1992

4. FEI Number: 59-3148745 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: TRICKEL JR., WILLIAM, 39 WEST PINE STREET, 100 NORTH TAMPA STREET SUIT 2900, ORLANDO FL 32801

10. Name and Address of New Registered Agent: 81 Name: TRICKEL & LEIGH PA, 82 Street Address (P.O. Box Number is Not Acceptable): 1801 LEE Rd Suite 360, 83 City: Winter Park FL, 84 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, 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: *C. Ben Jelsema* C. BEN JELSEMA 4-15-98  
Signature: typed in block name of registered agent and the filing date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JELSEMA, CHARLES B.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1150 E. PLANT STE C	1.2 NAME	
STREET ADDRESS	WINTER GARDEN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SC JELSEMA, FAITH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1150 E. PLANT STE C	2.2 NAME	
STREET ADDRESS	WINTER GARDEN FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *C. Ben Jelsema* C. BEN JELSEMA 4/15/98 407 877 8080

CR2E034 (10/97)