

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

FILED

May 09 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 # 400502 (1)

1. Corporation Name
HEALTH MAINTENANCE ORGANIZATIONS, INC.



Principal Place of Business
510 VONDERBURG DR
STE 3000
BRANDON FL 33511-4931

Mailing Address
510 VONDERBURG DR
STE 3000
BRANDON FL 33511-5970

3. Date Incorporated or Qualified 05/05/1972	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1422026	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPREHENSIVE HEALTH PLANNER, INC
510 VONDERBURG DR
BRANDON FL 33511

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 607.1506, 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	DCP	<input type="checkbox"/> DELETE
NAME	PETER, E LESLIE	
STREET ADDRESS	510 VONDERBURG DR	
CITY - ST - ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LABONTE, LORRAINE	
STREET ADDRESS	510 VONDERBURG DR	
CITY - ST - ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTINGHAM, DUDLEY	
STREET ADDRESS	RICHMOND RD	
CITY - ST - ZIP	HAMILTON, BERMDA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARKE, E BOYD	
STREET ADDRESS	11 CENTURION CT	
CITY - ST - ZIP	WILLOWDALE, ONTARIO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARMFLASH, DAVID	
STREET ADDRESS	61 BROADWAY	
CITY - ST - ZIP	NEW YORK NY 10006	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, HERBERT	
STREET ADDRESS	510 VONDERBURG DR	
CITY - ST - ZIP	BRANDON FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)