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Mar 16 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 # **569772** **(7)**

1. Corporation Name
ALLIED SPECIALTY CARE SERVICES, INC.

Principal Place of Business	Mailing Address
3550 COLONIAL BLVD P.O.BOX 209 FORT MYERS FL 33906 US	577 MULBERRY STREET P.O.BOX 209 MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1978

4. FEI Number: 58-1324269 ☐ 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President\Director	☑ Change ☐ Addition
NAME	COBERN, JOSEPH M.		1.2 NAME	Henry T Harbin M.D	
STREET ADDRESS	3414 PEACHTREE ROAD N.E. SUITE 1400		1.3 STREET ADDRESS	5565 Sterrett Place, Suite 500	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Columbia, MD 21044	
TITLE	D	☐ DELETE	2.1 TITLE	Director	☑ Change ☐ Addition
NAME	LITTLE, JOSEPH C		2.2 NAME	Craig L McKnight	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400		2.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	V	☐ DELETE	3.1 TITLE	Director	☑ Change ☐ Addition
NAME	EVERETT, KIM		3.2 NAME	Howard McClure	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400		3.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	P	☐ DELETE	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	BEDENBAUGH, JAMES R		4.2 NAME	Nicholas Romano	
STREET ADDRESS	3414 PEACHTREE RD NE STE 1400		4.3 STREET ADDRESS	3550 Colonial Blvd	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	S	☐ DELETE	5.1 TITLE	Assistant Secretary	☑ Change ☐ Addition
NAME	FILUSH, JAMES M		5.2 NAME	Jeffrey T Hudkins	
STREET ADDRESS	577 MULBERRY ST		5.3 STREET ADDRESS	577 Mulberry Street	
CITY-ST-ZIP	MACON, GA 00000		5.4 CITY-ST-ZIP	Macon, GA 31202	
TITLE	TD	☐ DELETE	6.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	SANFORD, CHARLOTTE A		6.2 NAME	Charlotte A Sanford	
STREET ADDRESS	3414 PEACHTREE ROAD, NE. SUITE 1400		6.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	Atlanta, GA 30326	

CR2E034 (10/97)

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: _____ 2/25/98 912-742-1161