

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 30 AM 9: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 589313 (6)

1. Corporation Name
SUPERIOR HEALTH, INC.



Principal Place of Business
**10024 N. 30TH STREET
TAMPA FL 33612**

Mailing Address
**10024 N. 30TH STREET
TAMPA FL 33612-6454**

Same
2. Principal Place of Business

Same
2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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3. Date Incorporated or Qualified
10/13/1978

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1846508

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHLEICHER, JOHN G.
15022 SOUTHFORK DRIVE
TAMPA FL 33624**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD SCHLEICHER, JOHN G.**
STREET ADDRESS **15022 SOUTHFORK DRIVE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **800002230038-0**
1.4 CITY-ST-ZIP **-07/03/97-01075-012**
*******155.00 *****155.00**

TITLE DELETE
NAME **VST SCHLEICHER, MARY B.**
STREET ADDRESS **15018 SOUTHFORK DR.**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **800002230038-0**
2.4 CITY-ST-ZIP **-07/03/97-01075-013**
*******10.00 *****10.00**

TITLE DELETE
NAME **D SCHLEICHER, MARY B.**
STREET ADDRESS **15018 SOUTHFORK DR.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **800002230038-0**
3.4 CITY-ST-ZIP **-07/03/97-01075-014**
*******8.75 *****8.75**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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.

CR2E034 (9/96)