

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 712673

(3)

1. Corporation Name

HEALTH FACILITIES RESEARCH, INC.

Principal Place of Business

Mailing Address

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

3. Date Incorporated or Qualified

05/01/1967

4. FEI Number

59-6202096

Applied For

Not Applicable

2. Principal Place of Business
21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

YD

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

YD

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners' association?

Yes

No

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

REILLY, CARL N.
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Case n. Reilly M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

23481 Westchester Blvd.

83

No Change

84

City Port Charlotte Blv

FL

85 Zip Code

33980

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Same Registered agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARLIN, WALTER PHD
STREET ADDRESS 2885 TAMiami DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL

DELETE

TITLE D
NAME DAHLIN, JANE
STREET ADDRESS 2885 TAMiami TR
CITY-ST-ZIP PT CHARLOTTE FL

DELETE

TITLE D
NAME OLIVER, JACINTO
STREET ADDRESS 2885 Tamiami Trail
CITY-ST-ZIP PT CHARLOTTE FL

DELETE

TITLE VO
NAME SERENTILL, LUIS
STREET ADDRESS 2885 TAMiami TR
CITY-ST-ZIP PT CHARLOTTE FL

DELETE

TITLE P
NAME REILLY, CARL N
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952-5132

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Case n. Reilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 98 / (941) 629-5128

Date

Daytime Phone #

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E037 (5/98)