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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769664

1. Corporation Name

MODERN HEALTH CARE RESOURCES, INC.

Principal Place of Business

2100 E HALLANDALE BCH BLVD
 SUITE 120
 HALLANDALE FL 33009
 US

Mailing Address

2100 E HALLANDALE BCH BLVD
 SUITE 120
 HALLANDALE FL 33009
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/02/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2436595
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GOLDSTEIN, SHARON B.
2100 E HALLANDALE BCH BLVD
STE 101
HALLANDALE FL 33009

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 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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWN, HOWARD M.	1.2 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, SHARON B	2.2 NAME	
STREET ADDRESS	1201 SW 103RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKINSON, ANTHONY J	3.2 NAME	
STREET ADDRESS	1115 S.E. 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLMAN, JOHN D	4.2 NAME	
STREET ADDRESS	4911 N.W. 84TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARRETT, LOYD M.	5.2 NAME	
STREET ADDRESS	23 GRANITE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard E. Lawn 4/20/99 457-8787 (954)

CR2E037 (1/98)