


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

FILED

May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834429 (3)**

1. Corporation Name  
**H.M.O. SERVICES CORPORATION**



Principal Place of Business <b>C/O COMPREHENSIVE HEALTH PLANNERS, INC</b> <b>510 VONDERBURG DR., SUITE 3000</b> <b>BRANDON FL 33511-4931</b> <b>US</b>	Mailing Address <b>C/O COMPREHENSIVE HEALTH PLANNERS, INC</b> <b>510 VONDERBURG DR., SUITE 3000</b> <b>BRANDON FL 33511-5970</b> <b>US</b>
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3. Date Incorporated or Qualified <b>05/12/1975</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>51-0123387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

<b>9. Name and Address of Current Registered Agent</b> <b>COMPREHENSIVE HEALTH PLANNERS, INC.</b> <b>510 VONDERBURG DR.</b> <b>BRANDON FL 33511</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTINGHAM, DUDLEY	1.2 NAME	
STREET ADDRESS	CENTRY HSE, RICHMOND RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAMILTON, BERMUDA	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CLARKE, E. BOYD	2.2 NAME	
STREET ADDRESS	11 CENTURION CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOWDALE, ONTARIO	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER, E. LESLIE	3.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA BONTE, LORRAINE	4.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ELIA, ANNE	5.2 NAME	
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, HERBERT	6.2 NAME	
STREET ADDRESS	510 VONDERBURG DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/6/97 813-685-0891**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)