

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # F08539 (1)

1. Corporation Name:
CONSOLIDATED HEALTH SERVICES, INC.



Principal Place of Business: **C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207**
Mailing Address: **C/O WILLIAM C. MASON 800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207**

2. Principal Place of Business: **c/o William C. Mason 21 1301 Riverplace Blvd 22 Suite 1700 23 Jacksonville, FL 24 32207**
2a. Mailing Address: **c/o William C. Mason 26 1301 Riverplace Blvd. 27 Suite 1700 28 Jacksonville, FL 29 32207**
25. Country: **USA** 30. Country: **USA**

3. Date Incorporated or Qualified: **12/08/1980** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2059710** 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 has liability for intangible tax under s. 199.03? Yes No

9. Name and Address of Current Registered Agent:
**SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent:
81 Name: **Harvey Granger, General Counsel**
82 Street Address (P.O. Box Number is Not Acceptable): **1301 Riverplace Blvd.**
83 **Suite 1700**
84 City: **Jacksonville** FL 85 **32207**

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.
Harvey Granger 7-29-96
SIGNATURE: *Harvey Granger* DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASON, WILLIAM C	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVANEY, EVERETT M	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DVORAK, ROBERT M	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, A. HUGH	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGUE, JOHN W	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C	
STREET ADDRESS	800 PRUDENTIAL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mason, William C.	
13 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
14 CITY - ST - ZIP	Jacksonville, FL 32207	
21 TITLE	D/V/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Devaney, Everett M.	
23 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
24 CITY - ST - ZIP	Jacksonville, FL 32207	
31 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Dvorak, Robert M.	
33 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
34 CITY - ST - ZIP	Jacksonville, FL 32207	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Greene, A. Hugh	
43 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
44 CITY - ST - ZIP	Jacksonville, FL 32207	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Logue, John W.	
53 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
54 CITY - ST - ZIP	Jacksonville, FL 32207	
61 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Thompson, Carol C.	
63 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
64 CITY - ST - ZIP	Jacksonville, FL 32207	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rebecca B. Jackson* **Rebecca B. Jackson** 7-29-96 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (3/96)

CONSOLIDATE HEALTH SERVICES, INC.

P	Parrett, Donald O.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Perry, Kenneth C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
S	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207