

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F08539 (1)
1. Corporation Name
CONSOLIDATED HEALTH SERVICES, INC.



Principal Place of Business: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32207, US

Mailing Address: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32207, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/08/1980	59-2059710	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GRANGER, HARVEY GENERAL COUNSEL 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32202		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: _____ DATE: _____
Signature, typed or printed name of registered agent and the applicant. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC MASON, WILLIAM C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 RIVERPLACE BLVD., SUITE 1700	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT DVRORAK, ROBERT M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 RIVERPLACE BLVD., SUITE 1700	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GREENE, A. HUGH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 RIVERPLACE BLVD., SUITE 1700	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOGUE, JOHN W	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 RIVERPLACE BLVD., SUITE 1700	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV THOMPSON, CAROL C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 RIVERPLACE BLVD., SUITE 1700	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DC Maher, John J.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1301 Riverplace Blvd., Ste.1700	6.2 NAME	
STREET ADDRESS	Jacksonville, FL 32207	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, 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 4-24-98 904/202-4005

CP2E034 (10/97)

CONSOLIDATED HEALTH SERVICES, INC.

P Parrett, Donald O. 1301 Riverplace Blvd. Jacksonville, FL 32207
Suite 1700

V Perry, Kenneth C. 1301 Riverplace Blvd. Jacksonville, FL 32207
Suite 1700

S Jackson, Rebecca B. 1301 Riverplace Blvd. Jacksonville, FL 32207
Suite 1700

Addition:

V Burghardt, Joseph P. 1301 Riverplace Blvd. Jacksonville, FL 32207
Suite 1700