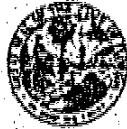


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 10:33

DOCUMENT # F93000003274 (8)

1. Corporation Name
CONSUMER HEALTH SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**5720 FLATIRON PKWY.
BOULDER CO 80301**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
07/06/1993 02/21/1994
4. FEI Number Applied For
84-0896608 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324**

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 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CDVP
NAME	DONALDSON, MATTHEW J
STREET ADDRESS	5720 FLATIRON PKWY.
CITY - ST - ZIP	BOULDER CO 80301
TITLE	VCD
NAME	FEDDERSEN, DONALD W
STREET ADDRESS	CHARLES RIVER VENTURES-67 BATTERYMARCH ST.
CITY - ST - ZIP	BOSTON MA 02110
TITLE	PD
NAME	SHANKS, DAVID
STREET ADDRESS	5720 FLATIRON PKWY.
CITY - ST - ZIP	BOULDER CO 80301
TITLE	S
NAME	MUELLER, SUSAN D
STREET ADDRESS	5720 FLATIRON PKWY.
CITY - ST - ZIP	BOULDER CO 80301
TITLE	T
NAME	MOLTER, JAMES P
STREET ADDRESS	5720 FLATIRON PKWY.
CITY - ST - ZIP	BOULDER CO 80301
TITLE	D
NAME	HARRINGTON, EDWARD J
STREET ADDRESS	5720 FLATIRON PKWY.
CITY - ST - ZIP	BOULDER CO 80301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dunlop, Wallace P.
1.3 STREET ADDRESS	5720 FLATIRON PARKWAY
1.4 CITY - ST - ZIP	BOULDER, CO 80301
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VIRGINIA BUNKER
2.3 STREET ADDRESS	SPROUT GROUP, 140 Broadway, 42nd Floor
2.4 CITY - ST - ZIP	New York, NY 10005
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OK
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OK
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RAUP, William J.
5.3 STREET ADDRESS	5720 FLATIRON PARKWAY
5.4 CITY - ST - ZIP	BOULDER, CO 80301
6.1 TITLE	DIRECTOR, TREASURER, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an alternate agent with an address.

SIGNATURE: **X** *[Signature]* **3/10/95** **303-442-1111**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number