

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002630 (0)**

1. Corporation Name

**WESTERN PROFESSIONAL ASSOCIATES, INC.**



Principal Place of Business <b>712 S. KANSAS AVE., 2ND FLOOR TOPEKA KS 66603</b>	Mailing Address <b>712 S. KANSAS AVE., 2ND FLOOR TOPEKA KS 66603-3821</b>
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3. Date Incorporated or Qualified <b>05/31/1995</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>43-1655154</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCOLLISTER, ROGER L</b>	
STREET ADDRESS	<b>712 S. KANSAS AVE., 2ND FLOOR</b>	
CITY-ST-ZIP	<b>TOPEKA KS 66603</b>	
TITLE	<b>SDC</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTE, LARRY R</b>	
STREET ADDRESS	<b>712 S. KANSAS AVE., 2ND FLOOR</b>	
CITY-ST-ZIP	<b>TOPEKA KS 66603</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, WAYNE A</b>	
STREET ADDRESS	<b>712 S. KANSAS AVE., 2ND FLOOR</b>	
CITY-ST-ZIP	<b>TOPEKA KS 66603</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Moline, Brian</b>	
1.3 STREET ADDRESS	<b>420 SW 9th</b>	
1.4 CITY-ST-ZIP	<b>Topeka, KS. 66612</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Marge Petty</b>	
2.3 STREET ADDRESS	<b>106 Woodlawn</b>	
2.4 CITY-ST-ZIP	<b>Topeka, KS 66606</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Steve Page</b>	
3.3 STREET ADDRESS	<b>1129 SW Wanamaker</b>	
3.4 CITY-ST-ZIP	<b>Topeka, KS 66604</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert Harder</b>	
4.3 STREET ADDRESS	<b>1420 SW Ward Parkway</b>	
4.4 CITY-ST-ZIP	<b>Topeka, KS 66604</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 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.

CR2E037 (9/96)