


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001291 (1)
1. Corporation Name
SUNSTAR HEALTHCARE, INC.

Principal Place of Business 521 EAST STATE RD 434 LONGWOOD FL 32750 US	Mailing Address 521 EAST STATE RD 434 LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 INTERNATIONAL PKWY Suite, Apt. #, etc. 22 230 City & State 23 HEATHROW, FL Zip 24 32746		2a. Mailing Address 26 300 INTERNATIONAL PKWY Suite, Apt. #, etc. 27 230 City & State 28 HEATHROW, FL Zip 29 32746		3. Date Incorporated or Qualified 03/13/1996	
				4. FEI Number 59-3361076	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name DAVID A. JESSE 82 Street Address (P.O. Box Number is Not Acceptable) 300 INTERNATIONAL PARKWAY 83 SUITE 230 84 City HEATHROW 85 Zip Code FL 32746	
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11. Pursuant to the provisions of Sections 607.0505 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 *David A. Jesse* DATE 1-14-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS/AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	STOWELL, WARREN D	1.2 NAME	
STREET ADDRESS	521 EAST STATE RD 434	1.3 STREET ADDRESS	300 INTERNATIONAL PKWY, STE 230
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	VD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	JESSE, DAVID	2.2 NAME	
STREET ADDRESS	521 EAST STATE RD 434	2.3 STREET ADDRESS	300 INTERNATIONAL PKWY, STE 230
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	V	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHIELDS, JACK W	3.2 NAME	
STREET ADDRESS	521 EAST STATE RD 434	3.3 STREET ADDRESS	300 INTERNATIONAL PKWY, STE 230
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEVINE, BERNARD	4.2 NAME	
STREET ADDRESS	P.O. BOX 2635	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA JOLLA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FIALKOW, FREDERICK H	5.2 NAME	
STREET ADDRESS	700 WHITE PLAINS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY 10583	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FIALKOW, STEVEN	6.2 NAME	
STREET ADDRESS	57 PLAINS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILFORD CT 06460	6.4 CITY-ST-ZIP	

14. 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:

Jack Shields JACK SHIELDS CEO

1/14/98 (407) 304-1066

CR2E034 (10/97)