

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005752 (8)

1. Corporation Name
NATIONAL HEALTHSOURCE, INC.

Principal Place of Business 1900 CORPORATE BLVD NW, SUITE 400 WEST BOCA RATON FL 33431	Mailing Address 1900 CORPORATE BLVD NW, SUITE 400 WEST BOCA RATON FL 33431-8502
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2. Principal Place of Business c/o Woundcare Center 888 Pine Street Suite, Apt #, etc. City & State Macon, GA Zip 31208 Country USA		2a. Mailing Address Suite, Apt #, etc. City & State Zip Country	3. Date Incorporated or Qualified 11/04/1996	3a. Date of Last Report None
21. Principal Place of Business 888 Pine Street		26. Suite, Apt #, etc.	4. FEI Number 65-6720766	Applied For Not Applicable
22. City & State Macon, GA		27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Macon, GA		28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 31208		25. Country USA	29. Zip	30. Country
26. Suite, Apt #, etc.		27. Suite, Apt #, etc.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> res <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, EDGAR	1.2 NAME	
STREET ADDRESS	1900 CORPORATE BLVD NW, SUITE 400 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOCK, ERNEST C	2.2 NAME	
STREET ADDRESS	1900 CORPORATE BLVD NW, SUITE 400 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, JAMES E	3.2 NAME	
STREET ADDRESS	1900 CORPORATE BLVD NW, SUITE 400 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLON, JEFFREY	4.2 NAME	
STREET ADDRESS	1900 CORPORATE BLVD NW, SUITE 400 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kamala R Chapman
VP Tax Management

4/23/97 (561) 994-1174

CR2E034 (9/96)