

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 4-27-95
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortimer
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G44968** (7)
 1. Corporation Name
HEALTH CARE SYSTEMS OF MELBOURNE, FLORIDA, INC.

Principal Place of Business Mailing Address
2501 WEST NEW HAVEN AVENUE MELBOURNE FL 32904 **2501 WEST NEW HAVEN AVENUE MELBOURNE FL 32904**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1281 S. Hickory Street		26 1281 S. Hickory Street		06/23/1983	05/01/1994
22 Suite A		27 Suite A		4. FEI Number	Applied For
23 Melbourne, Florida		28 Melbourne, Florida		59-2294459	Not Applicable
24 32901 Brevard		29 32901 Brevard		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	<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			
LANDFORD J. SCOTT 780 S APOLLO BLVD 230- SUITE 201 MELBOURNE FL 32901				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	3125 West New Haven Avenue		
				83			
				84 City	West Melbourne	85 Zip Code	FL

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 title of applicant. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNING M. D. C.P.A.	1.2 NAME	
STREET ADDRESS	617 E COLONIAL DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGSDALW, DENNY MN	2.2 NAME	Ragsdale, Denny M. D.
STREET ADDRESS	2501 W NEW HAVEN AVE	2.3 STREET ADDRESS	222 Orlando Boulevard
CITY - ST - ZIP	W MA	2.4 CITY - ST - ZIP	Indialantic, FL. 32903
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDFORD, W. S. M. D	3.2 NAME	Lanford, W. S. M. D.
STREET ADDRESS	1281 S HICKORY ST #A	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIAN, PIO M. MD	4.2 NAME	Sian, Pio M. M. D.
STREET ADDRESS	143 6TH AVENUE	4.3 STREET ADDRESS	800 East Strawbridge Avenue
CITY - ST - ZIP	INDIALANTIC, FL 00000	4.4 CITY - ST - ZIP	Melbourne, FL. 32901
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAINSKY, WALTER, MD	5.2 NAME	Omainsky, Walter MD
STREET ADDRESS	2501 WEST NEW HAVEN AVE	5.3 STREET ADDRESS	2600 W. Highway 108
CITY - ST - ZIP	MELBOURNE, FL 00000	5.4 CITY - ST - ZIP	Jasper, Ga. 30143
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, SARAH B	6.2 NAME	Keeler, Sarah B.
STREET ADDRESS	2501 WEST NEW HAVEN AVE	6.3 STREET ADDRESS	535 Pruma Valley Court
CITY - ST - ZIP	MELBOURNE, FL 00000	6.4 CITY - ST - ZIP	Melbourne, FL. 32940

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 190.032(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 on an attachment with an address.

SIGNATURE: M. D. Henning President 4/14/95 407-896-8021
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone Number