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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H14799** (1)
1. Corporation Name
HEALTH RESOURCES GROUP, INC.

Principal Place of Business Mailing Address
C/O RICHARD G. MILES **C/O RICHARD G. MILES**
216 NASSAU ROAD **216 NASSAU ROAD**
WINTER HAVEN FL 33884-1447 **WINTER HAVEN FL 33884-1447**

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	26	08/01/1984	04/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2473900	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILES, RICHARD G. 216 NASSAU ROAD WINTER HAVEN FL 33880	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 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]* DATE: **4/12/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, JOHN A.	2. NAME	
STREET ADDRESS	603 SWEET BAY CIRCLE	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STANLEY C.	22. NAME	
STREET ADDRESS	14066 SPANISH POINT DR.	23. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASIO, LANCE W.	32. NAME	
STREET ADDRESS	4 BROGDEN LANE, S.E.	33. STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	34. CITY, ST, ZIP	
TITLE	DST	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, RICHARD G.	42. NAME	
STREET ADDRESS	216 NASSAU ROAD	43. STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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)(b), 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 any attachments with an address.

SIGNATURE: *[Signature]* **Richard G. Miles** DATE: **4/12/95 (813) 324-1219**