

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

FILED

Mar 25 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 # H35647 (7)
1. Corporation Name
CONTOUR MEDICAL OF CENTRAL FLORIDA, INC.



Principal Place of Business 3340 SCHERER DRIVE ST. PETERSBURG FL 33716-1033 US	Mailing Address 3340 SCHERER DRIVE 8 ST. PETERSBURG FL 33716-1033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3360 SCHERER DR Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG, FL Zip 24 33716 Country 25 USA	2a. Mailing Address 26 P. O. Box 2070 Suite, Apt. #, etc. 27 City & State 28 ALPHARETTA, GA Zip 29 30023 Country 30 USA
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3. Date Incorporated or Qualified 12/27/1984	4. FEI Number 59-2492613	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FLANAGAN, GERALD J 3340 SCHERER DRIVE ST. PETERSBURG FL 33702	10. Name and Address of New Registered Agent 81 Name C T Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324
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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 Dale W. Morris Dale W. Morris, Asst. V. P. 2/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLANAGAN, GERALD J 3340 SCHERER DR ST PETERSBURG FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT DONALD F. FOX 6025 SHILOH RD. STE A ALPHARETTA, GA 30005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILLIAMS, ROBERT S 3340 SCHERER DR ST PETERSBURG FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DC CHRIS BROGDON 6000 LAKE FOREST DR. STE 200 ATLANTA, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D EDWARD E. LAKE 6000 LAKE FOREST DR. STE 200 ATLANTA, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D DARRABER TUCKER 6000 LAKE FOREST DR. STE 200 ATLANTA, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S PHILIP M. REES 6000 LAKE FOREST DR. STE 200 ATLANTA, GA 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald F. Fox 2/25/98 770 886 2600

CR2E034 (10/97)