FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H89768 (6)

1. Corporation Name
HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC.

Principal Place of Business
2700 E. BAY DR.
STE 202
LARGO FL 34641
US

Mailing Address
2700 E. BAY DR.
STE 202
LARGO FL 34641
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-2625969 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [x] Yes [ ] No

9. **Name and Address of Current Registered Agent**
EL-YOUSEF, M.K.
1555 SOUTH FT. HARRISON
CLEARWATER FL 34616

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 ______

12. OFFICERS AND DIRECTORS

TITLE	PASD	[ ] DELETE
NAME	EL-YOUSEF, M.K.	
STREET ADDRESS	1555 SOUTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TS	[ ] DELETE
NAME	EL-YOUSEF, NADIA	
STREET ADDRESS	1555 SOUTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	[x] DELETE
NAME	KELTER, LEAH	
STREET ADDRESS	1555 S FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	[x] Change [ ] Addition
3.2 NAME	MAZHAR K. AL-ABED	
3.3 STREET ADDRESS	1569 S. FT. HARRISON	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33616	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 Date
813-446-2005 Daytime Phone #

CR2E034 (12/95)