

2-5-48 15-15-15 L
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J03867 (5)
1. Corporation Name
IMC HEALTH CARE, INC.

Principal Place of Business 20 JACKSONVILLE FL 32216 US	Mailing Address 9143 PHILLIPS HIGHWAY SUITE 535 JACKSONVILLE FL 32256-1354 US
--	---

2. Principal Place of Business 21 9143 PHILIPS HIGHWAY 22 SUITE 535 23 JACKSONVILLE, FLORIDA 24 32256-1354	2a. Mailing Address 26 9143 PHILIPS HIGHWAY 27 SUITE 535 28 JACKSONVILLE, FLORIDA 29 32256-1354
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1986	4. FEI Number 59-2670367	Applied For 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 WODRICH, MICHAEL 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE FL 32207	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME KELLER, TODD S STREET ADDRESS 9143 PHILLIPS HIGHWAY SUITE 535 CITY-ST-ZIP JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 9143 PHILIPS HIGHWAY 1.4 CITY-ST-ZIP 32256-1354
TITLE STD NAME MACMATH, TERRY L STREET ADDRESS 9143 PHILLIPS HIGHWAY SUITE 535 CITY-ST-ZIP JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 9143 PHILIPS HIGHWAY 2.4 CITY-ST-ZIP 32256-1354
TITLE VP NAME MORGAN, JAMES STREET ADDRESS 9143 PHILLIPS HIGHWAY SUITE 535 CITY-ST-ZIP JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 9143 PHILIPS HIGHWAY 3.4 CITY-ST-ZIP 32256-1354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: JAMES G. MORGAN
JAMES G. MORGAN, P.O. OPERATIONS 1-30-98 (904) 519-2000

CR2E034 (10/97)