

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J29904** (6)
1. Corporation Name
SHCM BONTERRA, INC.

Principal Place of Business 4558 CLYDE MORRIS BLVD. C/O SOUTHEASTERN HEALTH CARE MGMT., INC PORT ORANGE FL 32119 US	Mailing Address 4558 CLYDE MORRIS BLVD. C/O SOUTHEASTERN HEALTH CARE MGMT., INC PORT ORANGE FL 32119 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 689 Deltona Blvd. Suite, Apt. #, etc. 22 City & State 23 Deltona FL Zip 24 32725		2a. Mailing Address 26 689 Deltona Blvd. Suite, Apt. #, etc. 27 City & State 28 Deltona FL Zip 29 32725		3. Date Incorporated or Qualified 08/20/1986	
Country 25 USA		Country 30 USA		4. FEI Number 58-1707831 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 JOHNSON, STEPHEN 4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119				10. Name and Address of New Registered Agent 81 Name Galen Goetz 82 Street Address (P.O. Box Number is Not Acceptable) 689 Deltona Blvd. 83 84 City Deltona FL 85 Zip Code 32725			
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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 *[Signature]* **4-15-98**
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, RUTH G		1.2 NAME	W Stewart Swain			
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		1.3 STREET ADDRESS	6000 Meadowbrook Mall #200			
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Clemmons NC 27012			
TITLE	TSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TROST, JOHN W.		2.2 NAME	Laverne P Herzog			
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		2.3 STREET ADDRESS	689 Deltona Blvd.			
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	Deltona FL 32725			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TROST, BRENDA		3.2 NAME	M Rebecca Muenchow			
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		3.3 STREET ADDRESS	6000 Meadowbrook Mall #200			
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	Clemmons NC 27012			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JOHNSON, STEPHEN		4.2 NAME	Faye J Hutchins			
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		4.3 STREET ADDRESS	6000 Meadowbrook Mall #200			
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	Clemmons NC 27012			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, CAROL		5.2 NAME				
STREET ADDRESS	4558 CLYDE MORRIS BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *[Signature]* **4-12-98**

CR2E034 (10/97)