



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

FILED
May 07 1998 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 07 1998 8:00am Secretary of State</div> <div></div>																																																																																																																																		
<div>DOCUMENT # K06325 (0)</div> <div>1. Corporation Name HILLIARD HEALTHCARE, INC.</div>																																																																																																																																						
<div>Principal Place of Business 2317 BLANDING BLVD., SUITE 3 JACKSONVILLE FL 32210</div>			<div>Mailing Address 2317 BLANDING BLVD., SUITE 3 JACKSONVILLE FL 32210</div>																																																																																																																																			
DO NOT WRITE IN THIS SPACE																																																																																																																																						
<div>2. Principal Place of Business</div> <div>21 Suite, Apt. #, etc.</div> <div>22 City & State</div> <div>23 Zip Country</div> <div>24</div>		<div>2a. Mailing Address</div> <div>26 Suite, Apt. #, etc.</div> <div>27 City & State</div> <div>28 Zip Country</div> <div>29</div>		<div>3. Date Incorporated or Qualified 12/10/1987</div> <div>4. FEI Number 59-2863371</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</div> <div>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>																																																																																																																																		
<div>9. Name and Address of Current Registered Agent</div> <div>SULIK, JOHN 320 EAST ADAMS STREET JACKSONVILLE FL 32202</div>				<div>10. Name and Address of New Registered Agent</div> <div>81 Name</div> <div>82 Street Address (P.O. Box Number is Not Acceptable)</div> <div>83</div> <div>84 City FL 85 Zip Code</div>																																																																																																																																		
<div>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.</div>																																																																																																																																						
<div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</div>																																																																																																																																						
<div>12. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:40%;">NAME</td><td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td></tr><tr><td>STREET ADDRESS</td><td>PD SELL, STEVEN</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>2317 BLANDING BV, #3 JACKSONVILLE FL</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	NAME	<input type="checkbox"/> DELETE	STREET ADDRESS	PD SELL, STEVEN		CITY-ST-ZIP	2317 BLANDING BV, #3 JACKSONVILLE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">1.1 TITLE</td><td style="width:40%;"></td><td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>2.1 TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>3.1 TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>			1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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