


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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L70481** (1)
1. Corporation Name
AHP OF TARPON SPRINGS, INC.



Principal Place of Business % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 US	Mailing Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324-4413 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 02/22/1996
21		26		4. FEI Number 95-4278040	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULLIVAN, JOSEPH P			1.2 NAME			
STREET ADDRESS	6400 FIDDLER'S GREEB CR,M STE, 1800			1.3 STREET ADDRESS			
CITY- ST- ZIP	ENGLEWOOD CO			1.4 CITY- ST- ZIP			
TITLE	VDT	<input type="checkbox"/> DELETE		2.1 TITLE	VDTASS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, MICHAEL J.			2.2 NAME			
STREET ADDRESS	6400 S FIDDLERS GREEN COVE			2.3 STREET ADDRESS			
CITY- ST- ZIP	ENGLEWOOD CO			2.4 CITY- ST- ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHONERT, C G			3.2 NAME			
STREET ADDRESS	6400 S FIDDLERS GREEN CIR STE 1800			3.3 STREET ADDRESS			
CITY- ST- ZIP	ENGLEWOOD CO			3.4 CITY- ST- ZIP			
TITLE	ASS	<input type="checkbox"/> DELETE		4.1 TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, MICHAEL J			4.2 NAME	Thomas T. Schleck		
STREET ADDRESS	6400 S FIDDLERS GREEN CIR STE 1800			4.3 STREET ADDRESS	6400 S. Fiddlers Green Cir Ste 1800		
CITY- ST- ZIP	ENGLEWOOD CO			4.4 CITY- ST- ZIP	Englewood, CO 80111		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				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 do 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.

CR2E034 (9/96)