


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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90087 001 ***750.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L70481

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 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-4278040
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	VP L. Hide <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, JOSEPH P	1.2 NAME	Kay L. Hide
STREET ADDRESS	6400 FIDDLER'S GREEB CR, M STE, 1800	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	
TITLE	VDTA <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEE, MICHAEL J.	2.2 NAME	Michael J. Minatta
STREET ADDRESS	6400 S FIDDLERS GREEN COVE	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHONERT, C G	3.2 NAME	Stephen G. Kroll
STREET ADDRESS	6400 S FIDDLERS GREEN CIR STE 1800	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	ASS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEE, MICHAEL J	4.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CIR STE 1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLECK, THOMAS T	5.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CIR STE 1800	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMAN, STEVEN A	6.2 NAME	
STREET ADDRESS	6400 S. FIDDLERS GREEN CIR., STE. 1800	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 80111	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

(303) 796-9793

Daytime Phone #

DIRECTORS

281968-90087-3
L70481

Joseph P. Sullivan
Michael J. McGee
Steven A. Roseman

OFFICERS

Joseph P. Sullivan	President and Chief Executive Officer
Michael J. McGee	Vice President, Chief Financial Officer and Assistant Secretary and Treasurer
Steven A. Roseman	Vice President and Secretary
C. Gregory Schonert	Vice President
Kay L. Hide	Vice President – Portfolio Management and Human Resources
Michael J. Minatta	Vice President and Controller
Stephen G. Kroll	Vice President – Property Management