

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

FILED
May 08 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 # Samuel E. Kelly, Inc.
 1. Corporation Name
 D.B.A. - Dynamic Healthcare Providers
 *M14392

Principal Place of Business 4200 N.W. 16th St. Suite 200 Lauderhill, Fl. 33313	Mailing Address 4980 N.W. 72 Terr Lauderhill, Florida 33319
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3. Date Incorporated or Qualified Aug-1985	3a. Date of Last Report April 1996
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21. Principal Place of Business 4200 NW 16th St.	2a. Mailing Address 4980 NW 72 Terr
22. State, Apt. #, etc. 200	27. Suite, Apt. #, etc. 200
23. City & State Lauderhill, Florida	28. City & State Lauderhill Florida
24. Zip 33313	29. Zip 33319
25. County Broward	30. County Broward

4. FEI Number 592560362	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent James E. Blas 7101 N.W. 49th Ct Lauderhill, Fl. 33319	10. Name and Address of New Registered Agent
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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: *James E. Blas*
 (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME James E. Blas		12 NAME	
STREET ADDRESS 7101 N.W. 49th Court		13 STREET ADDRESS	N/A
CITY-STATE-ZIP Lauderhill, Fl. 33319		14 CITY-STATE-ZIP	
TITLE Secy.	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anthony T. Collins		22 NAME	
STREET ADDRESS 4980 N.W. 72 Terr		23 STREET ADDRESS	N/A
CITY-STATE-ZIP Lauderhill, Fl. 33319		24 CITY-STATE-ZIP	
TITLE Treas.	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mary L. Kelly		32 NAME	
STREET ADDRESS 3650 N.W. 9th Court		33 STREET ADDRESS	N/A
CITY-STATE-ZIP Ft. Lauderdale, Fl. 33311		34 CITY-STATE-ZIP	
TITLE N/A	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		42 NAME	
STREET ADDRESS N/A		43 STREET ADDRESS	N/A
CITY-STATE-ZIP N/A		44 CITY-STATE-ZIP	
TITLE N/A	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		52 NAME	
STREET ADDRESS N/A		53 STREET ADDRESS	N/A
CITY-STATE-ZIP N/A		54 CITY-STATE-ZIP	
TITLE N/A	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N/A		62 NAME	
STREET ADDRESS N/A		63 STREET ADDRESS	000002184590
CITY-STATE-ZIP N/A		64 CITY-STATE-ZIP	05/20/97--01020--027 ***189.00

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 included 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 E. Blas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/29/97
 Daytime Phone #: 754-748-2350
 754-733-0880

CR2E034 (9/96)