

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

FILED
May 02 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 # M40061 (7)
1. Corporation Name
REGIONAL HEALTHCARE SERVICES CORPORATION



Principal Place of Business 14540 CORTEZ BLVD. BROOKSVILLE FL 34613	Mailing Address 14540 CORTEZ BLVD. BROOKSVILLE FL 34613-6056
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1986	3a. Date of Last Report 03/06/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2735986	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
DOLINER, NATHANIEL L. ONE HARBOUR PLACE 5TH FLOOR TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, THOMAS S SR			1.2 NAME			
STREET ADDRESS	651 SOUTH BROAD STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORANA, NICHOLAS			2.2 NAME			
STREET ADDRESS	4257 DRUMMOND DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SPRINGHILL FL 34608			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERMATTEO, JOSEPH			3.2 NAME	PIERMATTEO, JOSEPH		
STREET ADDRESS	951 MOONLIGHT LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, CHARLES JR			4.2 NAME			
STREET ADDRESS	614 ERIN WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34601			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEHOUSE, MARY			5.2 NAME			
STREET ADDRESS	23090 PEPPERMILL DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Thomas D. Barb		
STREET ADDRESS				6.3 STREET ADDRESS	3303 Flamingo Boulevard		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Spring Hill, FL 34607		

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.

SIGNATURE: _____ Thomas D. Barb, President (352) 596-1130

CR2E034 (9/96)