

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

FILED

Apr 28 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 # **M95641** (0)
1. Corporation Name
SUWANNEE VALLEY MEDICAL PERSONNEL CORPORATION

Principal Place of Business 275 WEST MAIN STREET P O BOX 567 LAKE BUTLER FL 32054	Mailing Address 275 WEST MAIN STREET P O BOX 567 LAKE BUTLER FL 32054-0567
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3. Date Incorporated or Qualified 08/24/1988	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2933712	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FORTNER, GEORGE S
RT 2, BOX 287
LAKE BUTLER FL 32054**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORTNER, CHRISTOPHER R.		1.2 NAME	
STREET ADDRESS 10574 OTTER CREEK DR		1.3 STREET ADDRESS	
CITY-STATE-ZIP JACKSONVILLE FL		1.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORTNER, ELIZABETH A.		2.2 NAME	
STREET ADDRESS RT. 2 BOX 287		2.3 STREET ADDRESS	
CITY-STATE-ZIP LAKE BUTLER FL		2.4 CITY-STATE-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORTNER, GEORGE S		3.2 NAME	
STREET ADDRESS RT 2, BOX 287		3.3 STREET ADDRESS	
CITY-STATE-ZIP LAKE BUTLER FL		3.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROBERTSON, MARGARET A		4.2 NAME	
STREET ADDRESS 225 NE 1ST AVE		4.3 STREET ADDRESS	
CITY-STATE-ZIP LAKE BUTLER FL		4.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORTNER, ELIZABETH A		5.2 NAME	
STREET ADDRESS RTE 2 BOX 287		5.3 STREET ADDRESS	
CITY-STATE-ZIP LAKE BUTLER FL		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: *G.S. Fortner* **G.S. FORTNER** 4-22-97 904-296-3034