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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00816

(1)

HEALTHCARE RESOURCES, INC.

| Principal Place | e of Business | Mailing Address | | | | | | | |
|---|---|---|--|---|---------------------------------------|--|------------------|---|--|
| 1700 S. Tamiami trial Sarasota fl 34239 | | 1700 S. TAMIAMI TRIAL SARASOTA FL 34239 | | | | | | | |
| | | | | | | Date Incorporated or Qua 01/09/1984 | lified | 3a. Date of Las 04/28/ | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number 59-2538335 | | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 3/1 T | Not Applicable 5 Additional Required |
| City & State | е | City & State | | | • | Election Campaign Financ Trust Fund Contribution | ing [| \$5.0 | 00 May Be |
| Zip | Country 25 | Zip 29 | C⊙u 30 | intry | | 8. This corporation has liabili | ty for inter | ngible tax under s | ed to Fees s. 199.032, |
| | 9. Name and Address of Curre | | <u> 30 </u> | | | Florida Statutes 0. Name and Address of N | | Yes No | |
| | | | | 81 Nam | · · · · · · · · · · · · · · · · · · · | o. Hame and Address Of P | TOW REGIS | stered Agent | - |
| COVERT | , MICHAEL H | | | | | DO B. M. | | 77 | |
| 1700 S. TAMIAMI TRAIL SARASOTA FL 34239 | | | | 82 Stree | ot Address (| P.O. Box Number is Not Acc | ceptable) | | |
| SARASU | 71A PL 34239 | | | 03 | | | | | |
| | | | | 84 City | | | | | ip Code |
| or register familiar wit | to the provisions of Sections 617.050 ad agent, or both in the State of hou th, and accept the obligations of Sec | 22 and 617.1508, Florida Statut rida Such obange was authoriz Ston 617.0903, Elorida Statutes | es, the above of the cost. | ve-named corporation | corporation is board of | submits this statement for the directors. I hereby accept the | ppoint | e of changing its hent as registered | registered office d agent. I am |
| SIGNATURE | | | ' | | | 7/ | 9/9 | / ~ | |
| | Signature, typical or print argued registered ager | . 1 / | E: Registered | | e required when | reinstating) | 9/9 | DATE | |
| 12. | OFFICERS AN | NE DIRECTORS | E: Registered | Agent signatur | e required when | 7/ | 9/9 DOFFICE | RS AND DIRECTO | |
| 12. | SD OFFICERS AN | . 1 / | E: Registered 13. | Agent signatur | e required when | reinstating) | 9/9 DIOFFICEF | | ORS IN 12 |
| 12. TITLE NAME | SD SD BOWLES, CATHERINE | NE DIRECTORS | E: Registered 13. 1.1 TIT | Agent signatur ILE IME | | reinstating) | 9/9 DOFFICEF | RS AND DIRECTO | |
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, if one attachment with an address.

SIGNATURE:

Michael H. Covert

4/10/96

Date

917-1300

Daytime Phone #