

ANNUAL REPORT
1999Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00816

1. Corporation Name

HEALTHCARE RESOURCES, INC.

Principal Place of Business

1700 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

1700 S. TAMiami TRAIL
SARASOTA FL 34239FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 027 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P. O. Box 3258		01/09/1984	
22 City & State		27 Attn: J. Hugh Middlebrooks		4. FEI Number 59-2538335	
23 Zip		28 Sarasota, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 34230-3258		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COVERT, MICHAEL H 1700 S. TAMiami TRAIL SARASOTA FL 34239				81 Name J. Hugh Middlebrooks, Esq.	
				82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave.	
				83	
				84 City Sarasota FL 85 Zip Code 34236	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	STRASSER, ROBERT				
STREET ADDRESS	3810 OAKLEY GREEN				
CITY-ST-ZIP	SARASOTA FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	COVERT, MICHAEL H				
STREET ADDRESS	1700 S. TAMiami TRAIL				
CITY-ST-ZIP	SARASOTA FL				
TITLE	VPO	<input checked="" type="checkbox"/> DELETE			
NAME	PHILLIPS, GERALD				
STREET ADDRESS	1700 SOUTH TAMiami TRAIL				
CITY-ST-ZIP	SARASOTA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Moss, Martin B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	1535 Harbor Place				
1.3 STREET ADDRESS	Sarasota, Florida				
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Covert, President

Date

Daytime Phone #

CR2E037 (1/98)