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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04587** (4)
1. Corporation Name

ALPHA HEALTH SERVICES, INC.

Principal Place of Business 1025 ORANGE AVE P.O. BOX 2256 FORT PIERCE FL 34954-2256	Mailing Address 1025 ORANGE AVE P.O. BOX 2256 FORT PIERCE FL 34954-2256
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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		3. Date incorporated or Qualified 08/07/1984	4. FEI Number 59-2470954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKINNER, T. WAYNE
1025 ORANGE AVENUE
FORT PIERCE FL 33450**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	D
NAME	HARBOR, FRANK	1.2 NAME	SIMMONS, SARA
STREET ADDRESS	3240 HATCHER ST.	1.3 STREET ADDRESS	145 NW CENTRAL PARK PLAZA
CITY-ST-ZIP	FT PIERCE FL 34981	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE	D	2.1 TITLE	D
NAME	WHITE, MARTY	2.2 NAME	LaPENTER, TOM
STREET ADDRESS	2182 S.E. BERSELI RD	2.3 STREET ADDRESS	PO BOX 12372, 6105 BAMBOO DRIVE
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34979 FT. PIERCE 34981
TITLE	D	3.1 TITLE	D
NAME	HERMAN, PAM	3.2 NAME	GANT, PEGGY
STREET ADDRESS	15112 SW TRAIL CRT	3.3 STREET ADDRESS	800 SE MONTEREY RD.
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	D	4.1 TITLE	
NAME	KNIGHT, SANDRA	4.2 NAME	
STREET ADDRESS	6546 4TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

WAYNE SKINNER

1/22/98 (504) 125-1255

CR2E037 (1097)