


FILE NOW: FILING FEE IS \$61.75

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90209 020 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N04587</b>					
1. Corporation Name <b>ALPHA HEALTH SERVICES, INC.</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2470954	Applied For No: Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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		

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

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: \_\_\_\_\_ (NO) E: Registered Agent signature required when reinstating \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	COB	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARBOR, FRANK			1.2 NAME	HARBOR, FRANK		
STREET ADDRESS	3240 HATCHER ST.			1.3 STREET ADDRESS	3240 HATCHER STREET		
CITY-ST-ZIP	FT PIERCE FL 34981			1.4 CITY-ST-ZIP	FT. PIERCE, FL 34981		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, MARTY			2.2 NAME	KNIGHT, SANDRA		
STREET ADDRESS	2182 S.E. BERSELI RD			2.3 STREET ADDRESS	6546 4TH STREET		
CITY-ST-ZIP	PORT ST. LUCIE FL			2.4 CITY-ST-ZIP	VERO BEACH, FL 32968		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GANT, PEGGY			3.2 NAME	LOVE, DONALD		
STREET ADDRESS	800 SE MONTEREY RD			3.3 STREET ADDRESS	108 N. 40TH STREET		
CITY-ST-ZIP	STUART FL 34994			3.4 CITY-ST-ZIP	FT. PIERCE, FL 34947		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNIGHT, SANDRA			4.2 NAME	ELLIOTT, CARL		
STREET ADDRESS	6546 4TH STREET			4.3 STREET ADDRESS	2050 SAN JUAN AVE.		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIMMONS, SARA			5.2 NAME	DAVIS, LEE		
STREET ADDRESS	145 NW CENTRAL PARK PLAZA			5.3 STREET ADDRESS	2591 ROCK SPRINGS DR.		
CITY-ST-ZIP	PORT ST LUCIE FL 34986			5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAPENTER, TOM			6.2 NAME			
STREET ADDRESS	6105 BAMBOO DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34982			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 REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (1/98)