

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000003111730--2
-01/28/00--01082--001
*****1.00 *****1.00
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-01/26/00--01105--003
*****70.00 *****70.00

DOCUMENT # N04587 1. Corporation Name ALPHA HEALTH SERVICES, INC	
Principal Place of Business 1025 ORANGE AVE. FORT PIERCE, FL #\$(%)	Mailing Address P.O. BOX 2256 FORT PIERCE, FL 34954

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 08/07/1984 4. FEI Number 59-2470954 5. Certificate of Status Desired <input checked="" type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SKINNER, ET. WAYNE 1025 ORANGE AVE. FORT PIERCE, FL 34950	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP COB HARBOR, FRANK 3240 HATCHER ST. FORT PIERCE, FL 34981	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP R WHITE, MARTY 2182 SE BERSELI RD PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GANT, PEGGY 800 SE MONTEREY RD STUART, FL 34994	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP C KNIGHT, SANDRA 6546 4th STREET VERO BEACH, FL 32968	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP SIMMONS, SARA 145 NW CENTRAL PARK PLAZA PORT SAINT LUCIE 34986	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAPENTER, TOM 6105 BAMBOO DRIVE FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D LOVE, DONALD 108 N. 40th street Fort Pierce FL 34947	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D WHITE, MARTY 2182 SE BERSELI RD PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D ELLIOT, CARL 2050 SAN JUAN AVE. VERO BEACH, FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D DAVIS, LEE 2591 ROCK SPRINGS RD PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D ELWOOD, CLAY 3047 S. US-1 FORT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ DATE: 1/11/00 DAYTIME PHONE: 561-465-4051