

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18228** (9)  
1. Corporation Name  
**FOUNDATION HEALTHCORP, INC.**



Principal Place of Business <b>315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US</b>	Mailing Address <b>315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301-3158 US</b>
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3. Date Incorporated or Qualified <b>12/11/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0001363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>JOHNSON, GARRY TRIPP, SCOTT, CONKLIN &amp; SMITH 110 SE 6TH STREET 28TH FLOOR FT. LAUDERDALE FL 33301</b>	
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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

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	CPD <input type="checkbox"/> DELETE
NAME	<b>SHEA, THOMAS</b>
STREET ADDRESS	<b>2101 W COMMERCIAL BLVD STE 2000</b>
CITY-ST-ZIP	<b>FT LAUD FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>GREENE, DIB A</b>
STREET ADDRESS	<b>315 SE 7TH ST, SE 301</b>
CITY-ST-ZIP	<b>FT LAUD FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, RAMON</b>
STREET ADDRESS	<b>7080 NW 4TH ST.</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>DICKINSON, MARLYN</b>
STREET ADDRESS	<b>1016 SE 6TH ST</b>
CITY-ST-ZIP	<b>FT LAUD FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>LWIN, SEIN M</b>
STREET ADDRESS	<b>300 SW 17TH ST</b>
CITY-ST-ZIP	<b>FT LAUD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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, on an attachment with an address.

SIGNATURE: *[Signature]* President 7-12-97 9045238599

CR2E037 (9/96)