


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44488** (7)

1. Corporation Name

**THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATI
ON, INC.**



Principal Place of Business 1500 N DIXIE HWY STE 101 W PALM BEACH FL 33401-3401 US	Mailing Address PO BOX 3166 W PALM BEACH FL 33402-3166 US	3. Date Incorporated or Qualified 07/25/1991	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 2715 N. Australian Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 2715 N. Australian Ave. Suite, Apt. #, etc.	4. FEI Number 65-0291166	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 West Palm Beach, FL	27 City & State 28 West Palm Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33407	25 Country Palm Beach	29 Zip 33407	30 Country Palm Beach

9. Name and Address of Current Registered Agent CAHOON, PAMELA A. 4401 GARDEN AVE. W PALM BEACH FL 33405	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name Thomas A. Sheehan, III</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive, 9th floor</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City West Palm Beach</td> </tr> <tr> <td>85 FL 33402</td> </tr> </table>	81 Name Thomas A. Sheehan, III	82 Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive, 9th floor	83	84 City West Palm Beach	85 FL 33402
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83						
84 City West Palm Beach						
85 FL 33402						

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 Thomas A. Sheehan III DATE 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEARHOUSE, JOSEPH B		1.2 NAME Sheehan, Thomas A. III	
STREET ADDRESS 224 DATURA STREET		1.3 STREET ADDRESS 625 N. Flagler Drive, 9th floor	
CITY-ST-ZIP W PALM BEACH FL 33401		1.4 CITY-ST-ZIP West Palm Beach, FL 33402	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice Chairman D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUCILLO, DEBORAH DALE		2.2 NAME Gale Howden	
STREET ADDRESS 205 S. DIXIE HWY., 99TH FLOOR		2.3 STREET ADDRESS 2715 S. Dixie Hwy.	
CITY-ST-ZIP W PALM BEACH FL 33401		2.4 CITY-ST-ZIP West Palm Beach, FL 33405	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, TERRY		3.2 NAME Scott Badesch	
STREET ADDRESS 1041-45TH ST.		3.3 STREET ADDRESS 2600 Quantum Blvd	
CITY-ST-ZIP W PALM BEACH FL 33407		3.4 CITY-ST-ZIP PO Box 20809, Boynton Beach, FL 33426	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Ken Montgomery	
STREET ADDRESS		4.3 STREET ADDRESS 600 S. Dixie Hwy.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

CR2E037 (9/96)