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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002423

1. Corporation Name

HEALTH CARE CENTER FOR THE HOMELESS, INC.

Principal Place of Business

11 N PARRAMORE AVE.
ORLANDO FL 32801
US

Mailing Address

11 N PARRAMORE AVE.
ORLANDO FL 32801
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/27/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3185020	
24 Country		29 Country		30	
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	

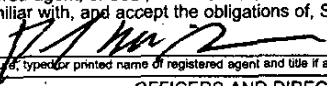
9. Name and Address of Current Registered Agent

MCGLONE, PAUL G
11 N PARRAMORE AVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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  Paul G. McGlone, President April 8, 1999

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, THOMAS MD	1.2 NAME	
STREET ADDRESS	FLORIDA HOSPITAL, 601 E ROLLINS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, SUSAN M RN	2.2 NAME	BAXLEY, RICHARD MD
STREET ADDRESS	VALENCIA COMM, COLLEGE, P.O. BOX 3208 N/A	2.3 STREET ADDRESS	8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDEN, MICHAEL	3.2 NAME	SAWYER, THOMAS MD JD
STREET ADDRESS	20 N ORANGE AVE	3.3 STREET ADDRESS	8947 BAY COVE CT
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUDER, BRUCE J	4.2 NAME	
STREET ADDRESS	201 EAST PINE STREET, STE 550	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLONE, PAUL G	5.2 NAME	
STREET ADDRESS	11 N PARRAMORE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul G. McGlone, President 4/8/99 407-428-5751

Date Daytime Phone #

CR2037-111081