


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 24 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 # **N93000005480 (9)**

1. Corporation Name

PROFESSIONALS FOR EXCELLENCE IN HEALTH CARE, INC

Principal Place of Business

Mailing Address

**612 HARBOR ISLAND
CLEARWATER FL 34630**

**612 HARBOR ISLAND
CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33767 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33767 Country	4. FEI Number 59-3220752	Applied For Not Applicable
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, TERESA COOPER, ESQ.
5322 DUHME RD
ST PETERSBURG FL 33708**

81 Name JANA Q. CARPENTER
82 Street Address (P.O. Box Number is Not Acceptable) 612 HARBOR ISLAND
83
84 City CLEARWATER
85 Zip Code FL 33767

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

Jana Q. Carpenter

(NOTE: Registered Agent signature required when reinstating)

9/17/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARPENTER, JANA Q		1.2 NAME GEORGE TRAGOS, ESQ.	
STREET ADDRESS 612 HARBOR ISLAND		1.3 STREET ADDRESS 601 CLEVELAND ST. SUITE 800	
CITY-ST-ZIP CLEARWATER FL 34630		1.4 CITY-ST-ZIP CLEARWATER, FL 33755	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AVERY, JAN		2.2 NAME	
STREET ADDRESS 1845 JESSICA RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34625		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, TERESA COOPER		3.2 NAME	
STREET ADDRESS 5322 DUHME RD		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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.

SIGNATURE

Jana Q. Carpenter

9/17/97

(912) 442-3470

CR2E037 (4/97)