

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 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 # N95000001274 (8)**  
1. Corporation Name  
**OSPREY HEALTH CARE, INC.**



Principal Place of Business <b>1437 S. BELCHER RD. #200 CLEARWATER FL 34624-2829</b>	Mailing Address <b>1437 S. BELCHER RD. #200 CLEARWATER FL 34624-2829</b>
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3. Date Incorporated or Qualified <b>03/16/1995</b>	3a. Date of Last Report <b>03/12/1996</b>
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21. Principal Place of Business <b>24 CATHEDRAL PLACE</b>	2a. Mailing Address <b>24 CATHEDRAL PLACE</b>
22. Suite, Apt. #, etc. <b>SUITE # 302</b>	27. Suite, Apt. #, etc. <b>SUITE # 302</b>
23. City & State <b>ST. AUGUSTINE, FL.</b>	28. City & State <b>ST. AUGUSTINE, FL.</b>
24. Zip <b>32084</b>	25. Country <b>USA</b>
29. Zip <b>32084</b>	30. Country <b>USA</b>

4. FEI Number <b>59-3308190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RIGGS, R. THOMAS  
1437 S. BELCHER RD.  
#200  
CLEARWATER FL 34624-2829**

10. Name and Address of New Registered Agent

81. Name <b>GREGORY R. STEELE</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>24 CATHEDRAL PLACE</b>
83. Suite, Apt. #, etc. <b>SUITE # 302</b>
84. City <b>ST. AUGUSTINE, FL</b>
85. Zip Code <b>32084</b>

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: *G.R. Steele* **GREGORY R. STEELE, PRESIDENT** **CEO** DATE: **4/10/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHIMMEL, DAVID</b>
STREET ADDRESS	<b>6075 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 33909-7498</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>RIGGS, R. THOMAS</b>
STREET ADDRESS	<b>1437 SOUTH BELCHER ROAD - #200</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>LEWIS BROWN, MARSHA</b>
STREET ADDRESS	<b>12512 NORTH BRUCE B DOWNS BOULEVARD</b>
CITY-ST-ZIP	<b>TAMPA FL 33612-3807</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E037 (9/96)