

FILED
Aug 06, 1999 8:00 am
Secretary of State

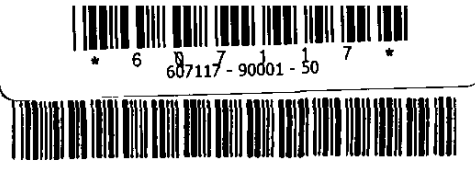
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001274

1. Corporation Name
OSPREY HEALTH CARE, INC.

Principal Place of Business 24 CATHEDRAL PLACE SUITE #302 ST AUGUSTINE FL 32084 US	Mailing Address 24 CATHEDRAL PLACE SUITE #302 ST AUGUSTINE FL 32084 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date incorporated or Qualified 03/16/1995	4. FEI Number 59-3308190	Applied For <input type="checkbox"/> Not Applicable
		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	

9. Name and Address of Current Registered Agent STEELE, GREGORY R 24 CATHEDRAL PL STE 302 ST AUGUSTINE FL 32084	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIMMEL, DAVID 6075 GOLDEN GATE PARKWAY NAPLES FL 33999-7498 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RIGGS, R. THOMAS 1437 SOUTH BELCHER ROAD - #200 CLEARWATER FL 34624 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS BROWN, MARSHA 12512 NORTH BRUCE B DOWNS BOULEVARD TAMPA FL 33612-3807 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC DREGGORS, WAYNE 1220 WILLIS AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 404 South Ridewood
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC CHAIRMAN TERRY ALLEN 1041 45th Street N. PALM BEACH, FL. 33407 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERRY ALLEN 1041 45th Street N. PALM BEACH, FL. 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DOUG STARR 4300 SW 13th Street GAINESVILLE, FL. 32608 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOUG STARR 4300 SW 13th Street GAINESVILLE, FL. 32608

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 REQUIRED Date: 7/26/99 Daytime Phone #: 9049474270

CR2E037 (5/99)