

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P12317**

1. Corporation Name

**JSA HEALTHCARE CORPORATION**

Principal Place of Business

Mailing Address

111 2nd Ave., NE  
Suite 1500  
St. Petersburg, FL  
33701

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Suite 1500  
St. Petersburg, FL  
33701

3. Date Incorporated or Qualified  
**12/01/1986.**

3a. Date of Last Report  
**07/25/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**87-0408859**

Applied For  
Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature or 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 Chairman/President/CEO  DELETE  
NAME Gary L. Damkoehler  
STREET ADDRESS 111 2nd Ave., NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

1.1 TITLE D  Change  Addition  
1.2 NAME Phillip B. Douglas  
1.3 STREET ADDRESS Humana, 500 N. Main Street  
1.4 CITY-ST-ZIP Louisville, KY 40201

TITLE D/SVP/Secretary/Treasurer  DELETE  
NAME Kevin R. Holecko  
STREET ADDRESS 111 2nd Ave., NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SVP  DELETE  
NAME Virginia A. Hemelt  
STREET ADDRESS 111 2nd Avenue, NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **100001745541**  
3.4 CITY-ST-ZIP **-03/15/96-01120-014**

TITLE SVP  DELETE  
NAME N. Bennett Jesse  
STREET ADDRESS 111 2nd Ave., NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME Shawn C. Damkoehler  
STREET ADDRESS 111 2nd Ave., NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE Asst. Secretary  DELETE  
NAME Donna M. Pope  
STREET ADDRESS 111 2nd Ave., NE, #1500  
CITY-ST-ZIP St. Petersburg, FL 33701

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L. Damkoehler

02/26/96

Date

813/824-0780

Daytime Phone #

CR2E034 (12/95)

3-15