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**Feb 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P12317

(4)

**1. Corporation Name
JSA HEALTHCARE CORPORATION**



**Principal Place of Business
111 2ND AVE. NE. STE.-1500
ST. PETERSBURG FL 33701**

**Mailing Address
111 2ND AVE. NE. STE.-1500
ST. PETERSBURG FL 33701-3480**

3. Date Incorporated or Qualified 12/01/1986	3a. Date of Last Report 03/15/1996
4. FEI Number 87-0408859	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	25
Country	Country
29	30

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE CPD	<input type="checkbox"/> DELETE	1.1 TITLE EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAMKOEHLER, GARY L.		1.2 NAME Bruce W. Frieman	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		1.3 STREET ADDRESS 111 2nd Ave NE, Ste 1500	
CITY-ST-ZIP ST. PETERSBURG FL 33701		1.4 CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAMKOEHLER, SHAWN C.		2.2 NAME Lorie B. Glisson	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		2.3 STREET ADDRESS 111 2nd Ave NE, Ste 1500	
CITY-ST-ZIP ST. PETERSBURG FL 33701		2.4 CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE DSVP	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLECKO, KEVIN R.		3.2 NAME Angel C. Swink	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		3.3 STREET ADDRESS 111 2nd Ave NE, Ste 1500	
CITY-ST-ZIP ST. PETERSBURG FL 33701		3.4 CITY-ST-ZIP St. Petersburg, FL 33701	
TITLE SVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEMELT, VIRGINIA A		4.2 NAME William L. Palmer	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		4.3 STREET ADDRESS Humana, 500 N. Main Street	
CITY-ST-ZIP ST. PETERSBURG FL 33701		4.4 CITY-ST-ZIP Louisville, KY 40201	
TITLE SVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME N. BENNETT, JESSE		5.2 NAME	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		5.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33701		5.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POPE, DONNA M		6.2 NAME	
STREET ADDRESS 111 2ND AVE. NE, STE.-1500		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL 33701		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 reported 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: *Kevin R. Holecko* **02/24/97 813/824-0780**
DATE DAYTIME PHONE #

CR2E034 (9/96)