

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/01/1986</b>	
21		26		4. FEI Number <b>87-0408859</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAMKOEHLER, GARY L.</b>	1.2 NAME	<b>Angel C. Swink</b>
STREET ADDRESS	<b>111 2ND AVE. NE, STE.-1500</b>	1.3 STREET ADDRESS	<b>111 2nd Ave NE, Ste 1500</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAMKOEHLER, SHAWN C.</b>	2.2 NAME	<b>George Emont</b>
STREET ADDRESS	<b>111 2ND AVE. NE, STE.-1500</b>	2.3 STREET ADDRESS	<b>Humana, 500 N. Main Street</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	2.4 CITY-ST-ZIP	<b>Louisville, KY 40201</b>
TITLE	<b>DSVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLECKO, KEVIN R.</b>	3.2 NAME	
STREET ADDRESS	<b>111 2ND AVE. NE, STE.-1500</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	3.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEMAN, BRUCE W</b>	4.2 NAME	
STREET ADDRESS	<b>111 2ND AVE NE, STE 1500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLUSSON, LORIE B</b>	5.2 NAME	
STREET ADDRESS	<b>111 2ND AVE NE, STE 1500</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPE, DONNA M</b>	6.2 NAME	
STREET ADDRESS	<b>111 2ND AVE. NE, STE.-1500</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	6.4 CITY-ST-ZIP	

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 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. Holec* 01/12/98 813/824-0780

CR2E034 (10/97)