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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P12317**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
12/01/1986

4. FEI Number
87-0408859 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	DAMKOEHLER, GARY L.	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAMKOEHLER, SHAWN C.	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	HOLECKO, KEVIN R.	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	FRIEMAN, BRUCE W	
STREET ADDRESS	111 2ND AVE NE, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GLISSON, LORIE B	
STREET ADDRESS	111 2ND AVE NE, STE 1500	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POPE, DONNA M	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

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 checked="" type="checkbox"/> Addition
4.2 NAME	VP Angel C. Swink
4.3 STREET ADDRESS	111 2nd Ave NE, Ste 1500
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SVPT
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 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, with all other like empowered.

SIGNATURE: Kevin R. Holecko **Kevin R. Holecko** Date **02/02/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)