

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26765** (8)

1. Corporation Name  
**NATIONAL HEALTH MANAGEMENT, INC.**

Principal Place of Business  
**4415 5TH AVENUE  
PITTSBURGH PA 15213**

Mailing Address  
**4415 5TH AVENUE  
PITTSBURGH PA 15213-2654**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/07/1989</b>	3a. Date of Last Report <b>07/24/1996</b>
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>25-1546071</b>	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANSBACHER, BARRY B.  
4215 SOUTHPOINT BOULEVARD, SUITE 100  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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, 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRWIN, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>4415 8TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALSINGER, WILLIAM E.</b>	2.2 NAME	
STREET ADDRESS	<b>4415 5TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLINO, KATHLEEN</b>	3.2 NAME	
STREET ADDRESS	<b>4415 5TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNER, DIANE G. (ASST)</b>	4.2 NAME	
STREET ADDRESS	<b>4415 5TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, MARTIN (ASST)</b>	5.2 NAME	
STREET ADDRESS	<b>4415 5TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

*Martin Mason* **Martin Mason** 3/12/97 (412) 578-7875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)