

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30095 (4)
 1. Corporation Name
QUANTUM HEALTH RESOURCES CORPORATION



Principal Place of Business 310 E 96TH ST SUITE 300 INDIANAPOLIS IN 46240 US	Mailing Address 310 EAST 96TH ST SUITE 300 INDIANAPOLIS IN 46240 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1990

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29	30
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4. FEI Number 33-0298066	Applied For <input type="checkbox"/> 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
7. 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
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUSCO, ROBERT A		1.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		1.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		1.4 CITY-ST-ZIP	
TITLE SVPF	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOELSEN, THOMAS		2.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		2.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		2.4 CITY-ST-ZIP	
TITLE SVPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, MICHAEL		3.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		3.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		3.4 CITY-ST-ZIP	
TITLE AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROSHEISER, THOMAS J		4.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		4.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		4.4 CITY-ST-ZIP	
TITLE SVPO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, WILLIAM C		5.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		5.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		5.4 CITY-ST-ZIP	
TITLE SVPG	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSTANTINI, WILLIAM P		6.2 NAME	
STREET ADDRESS 175 BROAD HOLLOW RD		6.3 STREET ADDRESS	
CITY-ST-ZIP MUVICCK L.		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 _____ DATE **5/27/98**

CR2E034 (10/97)