

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

FILED
Apr 16 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 # **P31061** (5)

1. Corporation Name
HEALTH FORCE, INC.

Principal Place of Business 177 CROSSWAYS PARK DRIVE WOODBURY NY 11797	Mailing Address 177 CROSSWAYS PARK DRIVE WOODBURY NY 11797
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 11-2421016	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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	FP	1.1 TITLE	Chairman
NAME	DRUCKMAN, MICHAEL	1.2 NAME	Derek E Dewan
STREET ADDRESS	61 HUNTING HILL DR	1.3 STREET ADDRESS	1 Independent Dr
CITY-ST-ZIP	DIX HILLS NY	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	PD	2.1 TITLE	SVP
NAME	SPIGEL, GARY	2.2 NAME	Michael D. Abney
STREET ADDRESS	35 ROSEANNE DR.	2.3 STREET ADDRESS	1 Independent Dr
CITY-ST-ZIP	WOODBURY NY	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VP	3.1 TITLE	Secretary
NAME	REINECKE, MIKE	3.2 NAME	Marc M. Mayo
STREET ADDRESS	12 MILEMORE DR	3.3 STREET ADDRESS	Independent Dr
CITY-ST-ZIP	FT. SALONGA NY 11768	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	AVP	4.1 TITLE	
NAME	CALABRO, ROBERT	4.2 NAME	
STREET ADDRESS	3832 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEAFORD NY 11783	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

4/16/98

CR2E034 (10/97)