

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

FILED
Apr 22 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 # **P33683** (4)
1. Corporation Name
CCHP, INC.



Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY, SUITE 210 BOCA RATON FL 33432	Mailing Address 1515 SOUTH FEDERAL HIGHWAY, SUITE 210 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6551 Park of Commerce Blvd NW Suite, Apt. #, etc. 22 200 City & State 23 Boca Raton, FL Zip 24 33487 Country 25 USA		2a. Mailing Address 26 P.O. Box 5028 Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip 29 33487 Country 30 USA		3. Date Incorporated or Qualified 04/24/1991
		4. FEI Number 13-3613597		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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	TO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KEVIN C	1.2 NAME	
STREET ADDRESS	98 CROOSRIDGE RD.	1.3 STREET ADDRESS	108 Wahack me Road
CITY-ST-ZIP	NEW CANAAH CT 06840	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSEL, EMIL	2.2 NAME	Vice President
STREET ADDRESS	1515 S. FED. HWY., #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSHART, JOSEPH	3.2 NAME	
STREET ADDRESS	1515 S. FEDERAL HIGHWAY, #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTOR, TOD	4.2 NAME	Secretary / Director
STREET ADDRESS	ONE TOWN CENTER ROAD	4.3 STREET ADDRESS	Robert B. Lamm
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	One Town Center Road
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLBERGER, LAWRENCE	5.2 NAME	
STREET ADDRESS	ONE TOWN CENTER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, PAUL	6.2 NAME	
STREET ADDRESS	ONE TOWN CENTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 _____

CR2E034 (10/97)