

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P36655** (9)
1. Corporation Name
WHITE KNIGHT HEALTHCARE, INC.

Principal Place of Business
**94 GLENN BRIDGE ROAD
ARDEN NC 28704
US**

Mailing Address
**P.O. BOX 300
ARDEN NC 28704
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 25-1662265	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	1.2 NAME	Terence N. Furness
STREET ADDRESS	4320 INTERNATIONAL BLVD NW	1.3 STREET ADDRESS	650 Engineering Drive
CITY - ST - ZIP	NORCROSS GA	1.4 CITY - ST - ZIP	Norcross, GA 30092
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, TRAVIS	2.2 NAME	
STREET ADDRESS	4320 INTERNATIONAL BLVD NW	2.3 STREET ADDRESS	650 Engineering Drive
CITY - ST - ZIP	NORCROSS GA	2.4 CITY - ST - ZIP	Norcross, GA 30092
TITLE	VPAS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLOW, C. FRED	3.2 NAME	
STREET ADDRESS	4320 INTERNATIONAL BLVD	3.3 STREET ADDRESS	650 Engineering Drive
CITY - ST - ZIP	PITTSBURGH PA	3.4 CITY - ST - ZIP	Norcross, GA 30092
TITLE	ASC <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROGER G.	4.2 NAME	
STREET ADDRESS	380 E. 55TH ST, APT. 10E	4.3 STREET ADDRESS	94 Glenn Bridge Rd
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	Arden, NC 28704
TITLE	BM <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, ROSDON	5.2 NAME	
STREET ADDRESS	4320 INTERNATIONAL BLVD NW	5.3 STREET ADDRESS	650 Engineering Drive
CITY - ST - ZIP	NORCROSS GA	5.4 CITY - ST - ZIP	Norcross, GA 30092
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 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:

Rob Wilson Ass't for

4/15/98 (704) 681-0940 (367)

CR2E034 (10/97)