



FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 29 1997 8:00am Secretary of State	
DOCUMENT # P36990 (0) 1. Corporation Name HEALTH SYSTEMS CONCEPTS, INC.					
Principal Place of Business 1307 SWEETWATER CLUB BLVD LONGWOOD FL 32779-2141		Mailing Address 1307 SWEETWATER CLUB BLVD LONGWOOD FL 32779-2141		3. Date Incorporated or Qualified 12/31/1991 3a. Date of Last Report 03/15/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 58-1728641 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent LOGUE, L. JOAN 1307 SWEETWATER CLUB BLVD LONGWOOD FL 32779-2141				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	
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)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP LOGUE, L. JOAN 1307 SWEETWATER CLUB BLV LONGWOOD FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP VAUGHAN, WILLIAM P. 3911 WEST WYOMING AVENUE TAMPA FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP ST CRYSTAL, ROYAL A. 1735 YALE PLACE ROCKVILLE MD			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 5.2 5.3 5.4		
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 6.2 6.3 6.4		
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: L. Joan Logue (L. JOAN LOGUE) 1-23-97 (407)774-5291					