

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90027 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000010115**

1. Corporation Name  
**MANAGED 24-HOUR HEALTH CARE OF AMERICA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7011 CENTRAL AVE ST PETE FL 33710 US	Mailing Address 7011 CENTRAL AVE ST PETERSBURG FL 33710 US
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3. Date Incorporated or Qualified <b>02/10/1993</b>	
4. FEI Number <b>59-3154101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**VENABLE, JOSEPH P**  
**1400 4TH AVE WEST**  
**BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>WALKER, DARLA J</b>
STREET ADDRESS	<b>915 133RD ST EAST</b>
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>LIVINGSTON, TERESA D</b>
STREET ADDRESS	<b>710 115TH AVE.</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SOUTH, WENDY S</b>
STREET ADDRESS	<b>2661 BROWN ROAD</b>
CITY-ST-ZIP	<b>MARTIN GA 30557</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZICKAFOOSE, STEVEN C</b>
STREET ADDRESS	<b>6815 13 AVE EAST</b>
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HANLEY, KIMBERLY C</b>
STREET ADDRESS	<b>615 SW 226TH STREET</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLLINS, MARK</b>
STREET ADDRESS	<b>7011 CENTRAL AVE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: X Signature Required  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)