


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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000032543 (9)		
1. Corporation Name: HEALTH SYSTEMS CONSULTANTS, INC.		



Principal Place of Business HERITAGE MEDICAL PARK 6180 NORTH DAVIS HWY SUITE 9 PENSACOLA FL 32504 US	Mailing Address 890 LEXINGTON ROAD SUITE HSC PENSACOLA FL 32514-9511 US
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3. Date Incorporated or Qualified 05/01/1993	3a. Date of Last Report 03/05/1996
4. FEI Number 59-3189960	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 HEALTH SYSTEMS CONSULTANTS Suite, Apt. #, etc. 22 890 LEXINGTON ROAD City & State 23 PENSACOLA FL Zip Country 24 32514 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent DONOFRIO, ROBERT N 890 LEXINGTON ROAD SUITE HSC PENSACOLA FL 32514	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code 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 _____ DATE _____
(Signature: Typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D DONOFRIO, ROBERT N
STREET ADDRESS	890 LEXINGTON RD
CITY - ST - ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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  **ROBERT DONOFRIO** 2-14-97 (904) 484-3560

CR2E034 (9/96)