FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000035056 (9)**

1. Corporation Name

EFFICIENCY HEALTH CARE AGENCY, INC.

Principal Place of Business	Mailing Address
633 NE 167TH ST. SUITE 520 N. MIAMI BEACH FL 33162	633 NE 167TH ST. SUITE 520 N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: **05/10/1993**
3a. Date of Last Report: **06/15/1995**
4. FEI Number: **65-0420700** [ ] 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

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

OJOFEITIMI, EMMANUEL
633 NE 167TH ST
STE 520
N MIAMI BEACH FL 33161

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 Section 607.0505 and 617.1905, 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. The changes were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICER AND DIRECTOR(S)			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	OJOFEITIMI, EMMANUEL		1 NAME	
STREET ADDRESS	633 NE 167TH ST.		1 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162		1 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	OJOFEITIMI, ~~EMMANUEL~~ Olufunmola		2 NAME	
STREET ADDRESS	633 NE 167TH ST.		2 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162		2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I DO HEREBY CERTIFY that the corporation has filed all annual reports required by prior law, and that all fees and taxes due to this date are enclosed. Please return all correspondence concerning this matter to the following: I further certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: Emmanuel Ojofeitimi 4-5-96 (305) 655-3139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)