

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

FILED

May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000048486 (3)**

1. Corporation Name

MANAGED 24-HOUR HEALTH CARE OF FLORIDA, INC.



Principal Place of Business 1135 PASADENA AVE., SO. 305 ST. PETERSBURG FL 33707 US	Mailing Address 1135 PASADENA AVE., SO 305 ST. PETERSBURG FL 33707 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7011 Central Ave.		2a. Mailing Address 26 7011 Central Ave.		3. Date Incorporated or Qualified 07/12/1993
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3196827
City & State 22 St. Petersburg, FL		City & State 27 St. Petersburg, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33710		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 33710		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C WALKER, DARLA	1.2 NAME	+ zip code
STREET ADDRESS	915 133RD STREET EAST	1.3 STREET ADDRESS	34202
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LIVINGSTON, TERESA	2.2 NAME	+ zip code
STREET ADDRESS	710 115TH AVE	2.3 STREET ADDRESS	33706
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SOUTH, WENDY	3.2 NAME	+ zip code
STREET ADDRESS	2881 BROWN RD	3.3 STREET ADDRESS	30557
CITY-ST-ZIP	MARTIN GA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HANLEY, KIM	4.2 NAME	+ zip code
STREET ADDRESS	815 SW 228TH STREET	4.3 STREET ADDRESS	32669
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZICKAFOOSE, STEVEN	5.2 NAME	+ zip code
STREET ADDRESS	8815 13TH AVE EAST	5.3 STREET ADDRESS	34208
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COLLINS, MARK	6.2 NAME	+ zip code
STREET ADDRESS	PO BOX 252	6.3 STREET ADDRESS	29671
CITY-ST-ZIP	PICKENS SC	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: 

4-25-98

(813) 345-3272

CR2E034 (10/97)