

FILED
Jun 03 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048550 (6) HEALTH CARE FOCUS, INC.					
Principal Place of Business 2080 W. VINA DEL MAR ST PETE BEACH FL 33706			Mailing Address 2080 W. VINA DEL MAR ST PETE BEACH FL 33706-2639		
1. Principal Place of Business 2626 56th Street S Gulfport, FL 33707		2a. Mailing Address 2626 56th Street S Gulfport, FL 33707		3. Date Incorporated or Qualified 07/12/1993	
2b. City & State Gulfport, FL 33707		2c. Zip 33707		3a. Date of Last Report 4/25/97	
2d. Country Pinellas		2e. Zip 33707		4. FET Number 59-3195869	
2f. City & State Gulfport, FL 33707		2g. Zip 33707		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2h. Country Pinellas		2i. Zip 33707		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2j. Country Pinellas		2k. Zip 33707		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2900 BAYTO BAY BLVD. SUITE 309 TAMPA FL 33629			10. Name and Address of New Registered Agent		
11. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 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OFFICERS AND DIRECTORS 1. NAME PIERCE, PATRICIA 2. STREET ADDRESS 2080 W. VINA DEL MAR 3. CITY-STATE-ZIP ST PETERSBURG FL 33706 4. TITLE 5. NAME 6. STREET ADDRESS 7. CITY-STATE-ZIP 8. TITLE 9. NAME 10. STREET ADDRESS 11. CITY-STATE-ZIP 12. TITLE 13. NAME 14. STREET ADDRESS 15. CITY-STATE-ZIP 16. TITLE 17. NAME 18. STREET ADDRESS 19. CITY-STATE-ZIP 20. TITLE 21. NAME 22. STREET ADDRESS 23. CITY-STATE-ZIP 24. TITLE 25. NAME 26. STREET ADDRESS 27. CITY-STATE-ZIP 28. TITLE 29. NAME 30. STREET ADDRESS 31. CITY-STATE-ZIP 32. TITLE 33. NAME 34. STREET ADDRESS 35. CITY-STATE-ZIP 36. TITLE 37. NAME 38. STREET ADDRESS 39. CITY-STATE-ZIP 40. TITLE 41. NAME 42. STREET ADDRESS 43. CITY-STATE-ZIP 44. TITLE 45. NAME 46. STREET ADDRESS 47. CITY-STATE-ZIP 48. TITLE 49. NAME 50. STREET ADDRESS 51. CITY-STATE-ZIP 52. TITLE 53. NAME 54. STREET ADDRESS 55. CITY-STATE-ZIP 56. TITLE 57. NAME 58. STREET ADDRESS 59. CITY-STATE-ZIP 60. TITLE 61. NAME 62. STREET ADDRESS 63. CITY-STATE-ZIP 64. TITLE 65. NAME 66. 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