

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

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Mar 09 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 # P93000072593 (5)

1. Corporation Name

A+ HEALTHCARE SPECIALISTS, INC.



Principal Place of Business 255 S.E. HWY. 19 SUNCOAST PLAZA, #17 CRYSTAL RIVER FL 34429	Mailing Address 255 S.E. HWY. 19 SUNCOAST PLAZA, #17 CRYSTAL RIVER FL 34429
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/13/1993	
21		26		4. FEI Number 59-3212242	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ELSWICK, DIANA E 255 S.E. HWY. 19 SUNCOAST PLAZA, #17 CRYSTAL RIVER FL 34429		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSWICK, DIANA E	1.2 NAME	
STREET ADDRESS	8727 N. MAPLE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSWICK, RODNEY L	2.2 NAME	
STREET ADDRESS	8727 N. MAPLE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYS, MICHAEL D	3.2 NAME	
STREET ADDRESS	2181 N. PILOT PT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, MARY ALICE	4.2 NAME	
STREET ADDRESS	5229 W. GALA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34429	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Diana E. Elswick 3/4/98 352-564-2700
DIANA E. ELSWICK

CP2E034 (10/97)