Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90218 046 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073286

1. Corporation Name

EAGLE HEALTHCARE MANAGEMENT, INC.

Principal Place of Business Mailing Address						t immilian ish iming tilti antit antit datit antit inne ting tent and dist
2529 HOPE LANE WEST PALM BEACH GARDENS FL 33410		106 SINTABOGUE CIR DAPHNE AL 36526 US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 10/21/1993
Principal Place of Business 2a. Mailing Address			s			4. FEI Number Applied For
21		26			-ر ،	65-0444393 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State		.,	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip				8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax. Yes No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered Agent
14/11	OOM TEDDY I			81	Name	
WILSON, TERRY J 2529 HOPE LANE W.				82	Street A	ddress (P.O. Box Number is Not Acceptable)
	M BEACH GARDENS FL 33410		,	83		
					_	
	•		. 1	84	City	FL 85 Zip Code
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 age	nt and title if applicable. (NOTE: R	egistered	Agen	t signature req	uired when reinstating) DATE
12.				<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE 1.1		πE		☐ Change ☐ Addition
NAME	WILSON, TERRY J		1.2 N	ME	}	
STREET ADDRESS	2529 HOPE LANE W.		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	-ZIP PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP		r-ZIP	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS		لىمىلىنىيى ي ىللىنى لىنىدىدى يىلا جايارىرى	. 2.3 ST	REET	ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	
TITLE	,	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NA	AME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	•		4.1 TH			☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		D DEL CTE	4.4 CITY-S		Γ-ZIP	☐ Change ☐ Addition
TITLE	1	□ DELETE	5.1 TO 5.2 NA			. Charge Moditor
NAME					ADDRESS	
STREET ADDRESS	1		5.3 ST			
CITY-ST-ZIP TITLE	 	☐ DELETE	5.4 CI		1-2IF	☐ Change ☐ Addition
	1		_ ··· /··)

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 exporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP