SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P9400000378 (7)

Principal Place of Business Position Po	HEALTHCARE SERVICES, INC.
3. Date Incorporated or Qualified 12/23/1993 (05/01/1995) 2. Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired Fee Required Fee Required Fee Required 5. Certificate of Status Desired Fee Required Fee Requ	P.O. BOX 413005 SUITE 312
22. Principal Place of Business 23. Mailing Address 24. Mailing Address 25. Suite, Apt #, etc. 26. Suite, Apt #, etc. 27. Suite, Apt #, etc. 28. Country 29. Country 29. State 29. Country 29. Suite Agent Status 29. Suite Agent Status 29. Suite Apt #, etc. 29. Suite, Apt #, etc. 20. Suite, Apt #, etc. 21. Suite, Apt #, etc. 27. Suite, Apt #, etc. 28. Country 29. State 29. Suite, Apt #, etc. 29. Country 29. State 29. Suite, Apt #, etc. 30. Election Campaign Financing Trust Fund Contribution Added to Fees Address of Current Registered Agent 30. Name and Address of Current Registered Agent 30. Name and Address of New Registered Agent 40. Name and Address of New Registered Agent 41. Pursuant to the provisions of Sections 697 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 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 of the provisions of the propriete of the appointment as registered of the part of the propriete of the part of the propriete of the prop	is Date incorporated or Qualified 3a. Date of Last Report
Suite, Apt #, etc. State	12/23/1993 05/01/1995
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	, A A.
5. Certificate of Status Desired Fee Required City & State Fee Required Added to Fees Added to Fees Florida Statutes	
23 NAPLES FLOTIDA 28 Trust Fund Contribution Added to Fees Zip 3410 25 29 3410 30 8. This corporation has liability for intangible tax under s 199 032. Plonda Statutes Yes No 9. Name and Address of Current Registered Agent MESICK, JEAN W 150 SAN RAFAEL LANE NAPLES FL 33000 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	5. Certificate of Status Desired Fee Required
25 29 30 Florida Statutes Pres No 9. Name and Address of Current Registered Agent MESICK, JEAN W 150 SAN RAFAEL LANE NAPLES FL 33099 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 34 Fed 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation's braid of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's braid of directors. I hereby accept the appointment as registered of the provision of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation's braid of directors. I hereby accept the appointment as registered of the corporation's braid of directors. I hereby accept the appointment as registered of the corporation's braid of directors. I hereby accept the appointment as registered of the corporation of the corpo	12A 28 Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent MESICK, JEAN W 150 SAN RAFAEL LANE NAPLES FL 33000 81	. This corporation has made it at unities it is a size.
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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. Thereby accept the appointment as registered	
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	ions 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approintment as registered.
SIGNATURE	
Signature types or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WILE PD DELFTE STITLE Change Addition	5
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SEC CAN DAPATE LAND	LANE 12 NAME
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NAME MESICK, JEAN W 22 NAME Change Addition	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17(3)(k). Flor da 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SOUL W. M. SLICK TEAN W. M. 88 10 SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

8941-352-1947