


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000009054 (5)

1. Corporation Name
NATIONAL MEDICINE CENTER-AUBURNDALE, INC.

Principal Place of Business 205 E. LAKE AVE. AUBURNDALE FL 33823	Mailing Address 205 E. LAKE AVE. AUBURNDALE FL 33823-3438
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1994		3a. Date of Last Report 08/13/1996	
21 Suite, Apt. #, etc.		26 4506 L.B. McLeod Rd.		4. FEI Number 59-3223098		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 Suite F		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Orlando, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 32811		30 Orange		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KENNEDY, WILLIAM P. 220 TRISMAN TERRACE WINTERPARK FL 32789				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
Stephen P. Griggs				4506 L.B. McLeod Rd.			
83 Suite				84 City			
Suite F				Orlando FL			
85 Zip Code				32811			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/17/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	11 TITLE	12 NAME	13 STREET ADDRESS
PT	KENNEDY, WILLIAM P	220 TRISMAN TERR.	PD	Stephen P. Griggs	4506 L.B. McLeod Rd., Ste F
<input checked="" type="checkbox"/> DELETE		WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		Orlando, FL 32811
TITLE	NAME	STREET ADDRESS	21 TITLE	22 NAME	23 STREET ADDRESS
S	WALKER, WILLIAM II	2171 GLENCOE RD.	STD	Stephen P. Griggs	4506 L.B. McLeod Rd., Ste F
<input checked="" type="checkbox"/> DELETE		WINTER PARK FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		Orlando, FL 32811
TITLE	NAME	STREET ADDRESS	31 TITLE	32 NAME	33 STREET ADDRESS
AS	LEE, BARBARA J	2012 IVANHOE RD.			
<input checked="" type="checkbox"/> DELETE		ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	41 TITLE	42 NAME	43 STREET ADDRESS
<input type="checkbox"/> DELETE					
TITLE	NAME	STREET ADDRESS	51 TITLE	52 NAME	53 STREET ADDRESS
<input type="checkbox"/> DELETE					
TITLE	NAME	STREET ADDRESS	61 TITLE	62 NAME	63 STREET ADDRESS
<input type="checkbox"/> DELETE					
TITLE	NAME	STREET ADDRESS	71 TITLE	72 NAME	73 STREET ADDRESS
<input type="checkbox"/> DELETE					

14. I do 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: *[Signature]* **Stephen P. Griggs, Pres.** DATE: **3/17/97** 407-841-2115

CR2E034 (9/96)