

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

1. PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000015472 (1)

1. Corporation Name

GABLE HEALTHCARE GROUP, INC.

Principal Place of Business

4701 N. FEDERAL HWY.  
SUITE 445, BOX C-14  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

1628 SE 7TH STREET  
DEERFIELD BEACH FL 33441-5814  
US

2. Principal Place of Business

2a. Mailing Address

26 2600 N.E. 5th Street

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

29

Zip

26

Country

29

Zip

30

Country

30

9. Name and Address of Current Registered Agent

GABLE, JACQUELINE S.  
1628 SE 7TH STREET  
DEERFIELD FL 33441

3. Date Incorporated or Qualified  
02/23/1994

3a. Date of Last Report  
04/18/1996

4. FEI Number  
65-0468184

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name  
Gable, Jacqueline S.

82 Street Address (P.O. Box Number is Not Acceptable)  
2600 N.E. 5th Street

83

84 City  
Pompano Beach FL 85 Zip Code  
33062

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 agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE, JACQUELINE S	1.1 TITLE President
STREET ADDRESS	1628 SE 7TH STREET	1.2 NAME Jacqueline S. Gable
CITY-ST-ZIP	DEERFIELD BEACH FL	1.3 STREET ADDRESS 2600 N.E. 5th Street
TITLE		1.4 CITY-ST-ZIP Pompano Beach, FL 33062
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.1 TITLE
CITY-ST-ZIP		2.2 NAME
TITLE		2.3 STREET ADDRESS
NAME		2.4 CITY-ST-ZIP
STREET ADDRESS		3.1 TITLE
CITY-ST-ZIP		3.2 NAME
TITLE		3.3 STREET ADDRESS
NAME		3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE
CITY-ST-ZIP		4.2 NAME
TITLE		4.3 STREET ADDRESS
NAME		4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE
CITY-ST-ZIP		5.2 NAME
TITLE		5.3 STREET ADDRESS
NAME		5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE
CITY-ST-ZIP		6.2 NAME
TITLE		6.3 STREET ADDRESS
NAME		6.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 954-942-7878

Date

Daytime Phone #

0322601

CR2E034 (9/96)