


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

FILED

Apr 24 1997 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		3. Date Incorporated or Qualified 02/23/1994	
21 Suite, Apt. #, etc.		26 2600 N.E. 5th Street		3a. Date of Last Report 04/18/1996	
22 City & State		27		4. FEI Number 65-0468184	
23 Zip		28 Pompano Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		29 33062		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GABLE, JACQUELINE S. 1628 SE 7TH STREET DEERFIELD FL 33441			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		
			85 Zip Code FL 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					
TITLE	P GABLE, JACQUELINE S <input type="checkbox"/> DELETE				
NAME	1628 SE 7TH STREET				
STREET ADDRESS	DEERFIELD BEACH FL				
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	Jacqueline S. Gable				
1.3 STREET ADDRESS	2600 N.E. 5th Street				
1.4 CITY - ST - ZIP	Pompano Beach, FL 33062				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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: <i>Jacqueline S. Gable</i> 4/17/97 954-942-7878					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *					

CR2E034 (9/96)