

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000015472 (1)  
1. Corporation Name  
GABLE HEALTHCARE GROUP, INC.



DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Principal Place of Business<br>4701 N. FEDERAL HWY.<br>SUITE 445, BOX C-14<br>LIGHTHOUSE POINT FL 33064<br>US       |  | Mailing Address<br>2600 N.E. 5TH ST.<br>POMPANO BEACH FL 33062<br>US |  | 3. Date Incorporated or Qualified<br>02/23/1994   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.  |  | 2a. Mailing Address<br>26 4701 N. Federal Hwy.                       |  | 4. FEI Number<br>65-0468184   |  |
| 22 City & State   |  | 27 Box C-14  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 Zip  |  | 28 Lighthouse Pt, FL   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 24 Country  |  | 29 33064   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 25  |  | 30 Broward   |  |   |  |
| 9. Name and Address of Current Registered Agent<br>GABLE, JACQUELINE S.<br>2600 NE 5TH ST<br>POMPANO BEACH FL 33062 |  |  |  | 10. Name and Address of New Registered Agent  |  |
|   |  |  |  | 81 Name   |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |  |  | 83  |  |
|   |  |  |  | 84 City   |  |
|   |  |  |  | 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 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 GABLE, JACQUELINE S <input type="checkbox"/> DELETE | 1.1 TITLE   | 4701 N. Federal Hwy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GABLE, JACQUELINE S                                   | 1.2 NAME  | Box C-14   |
| STREET ADDRESS             | 2600 N.E. 5TH ST.                                     | 1.3 STREET ADDRESS                                    | Lighthouse Point, FL 33064   |
| CITY-ST-ZIP                | POMPANO BEACH FL                                      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |   | 2.2 NAME  |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

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 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: Jacqueline S. Gable

4/21/98 954-942-7878

CR2E034 (10/97)