

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000018097 (3)

1. Corporation Name

HEALTH CARE FACILITATORS INC.



Principal Place of Business

820 GROVESMERE LOOP
OCOOEE FL 34761

Mailing Address

820 GROVESMERE LOOP
OCOOEE FL 34761

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
03/28/1995

4. FEI Number

59-3233248

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVALLETE, FRANCIS
820 GROVESMERE LOOP
OCOOEE FL 34761

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, if not applicable,

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAVALLETE, FRAN
STREET ADDRESS 820 GROVESMERE LOOP
CITY - ST - ZIP OCOOEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

7.1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)