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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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
OCOEE FL 34761

Mailing Address
820 GROVESMERE LOOP
OCOEE FL 34761-5618

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-3233248 — [ ] 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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**
LAVALLETTE, FRANCIS
820 GROVESMERE LOOP
OCOEE FL 34761

10. **Name and Address of New Registered Agent**
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 Francis Lavallette [signature]   DATE 3/15/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1 1 TITLE	[X] Change [ ] Addition
NAME	LAVALLETE, FRAH		1 2 NAME	LAVALLETE, FRANCIS
STREET ADDRESS	820 GROVESMERE LOOP.		1 3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL		1 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2 1 TITLE	[ ] Change [ ] Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 1 TITLE	[ ] Change [ ] Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 1 TITLE	[ ] Change [ ] Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (9/96)

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