

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027806 (6)**

1. Corporation Name
FIRST HEALTH, INC.

Principal Place of Business
**231 E NEW HAVEN AVE
MELBOURNE FL 32901**

Mailing Address
**231 E NEW HAVEN AVE
MELBOURNE FL 32901-4571**

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **02/16/1996**

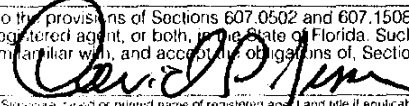
2. Principal Place of Business 21 521 EAST SR 434 Suite, Apt. #, etc.		2a. Mailing Address 26 521 EAST SR 434 Suite, Apt. #, etc.	
22 City & State 23 LONGWOOD, FL		27 City & State 28 LONGWOOD, FL	
24 Zip 32750	25 Country USA	29 Zip 32750	30 Country USA

4. FEI Number 59-3240262	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
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
**NICHOLAS, JAMES M
1001 S HARBOR CITY BLVD SUITE 705
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent	
81 Name DAVID A JESSE	85 Zip Code 32750
82 Street Address (P.O. Box Number is Not Acceptable) 521 EAST SR 434	
83	
84 City LONGWOOD	85 Zip Code 32750

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:  DATE: **4-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOWELL, WARREN		1.2 NAME	
STREET ADDRESS 231 EAST NEW HAVEN AVENUE		1.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY - ST - ZIP MELBOURNE FL		1.4 CITY - ST - ZIP LONGWOOD, FL 32750	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HELLER, ROBERT		2.2 NAME DAVID A. JESSE	
STREET ADDRESS 231 E NEW HAVEN AVE		2.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY - ST - ZIP MELBOURNE FL 32901		2.4 CITY - ST - ZIP LONGWOOD, FL 32750	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME JACK SHIELDS	
STREET ADDRESS		3.3 STREET ADDRESS 521 EAST STATE ROAD 434	
CITY - ST - ZIP		3.4 CITY - ST - ZIP LONGWOOD, FL 32750	
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 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 in this filing, or on an attachment with an address.

SIGNATURE:  DATE: **4/30/97** DAYTIME PHONE: **407-339-4997**

CR2E034 (9/96)