

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # P94000040501 (6)

1. Corporation Name

CHAMPION HEALTHCARE INC.

Principal Place of Business

5773-2 NORMANDY BLVD.
JACKSONVILLE FL 32205
US

Mailing Address

5773-2 NORMANDY BLVD.
JACKSONVILLE FL 32205
US



2. Principal Place of Business	2a. Mailing Address
21 7406 Fullerton St.	26 7406 Fullerton St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Ste. 200	27 Ste. 200
City & State	City & State
23 Jacksonville, Fl.	28 Jacksonville, Fl.
Zip	Zip
24 32256	29 32256
Country	Country
25 Duval	30 Duval

3. Date Incorporated or Qualified	3a. Date of Last Report
05/27/1994	04/25/1995
4. FEI Number	Applied For
59-3286602	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA STREET, 3400 BARNETT CENTER
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when running.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POWELL, RICHARD C <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, RICHARD C	1.2 NAME	Minella, Raymond
STREET ADDRESS	5773-2 NORMANDY BLVD.	1.3 STREET ADDRESS	667 Madison Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	New York, N.Y. 10021
TITLE	D MILLAN, JOSEPH M <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLAN, JOSEPH M	2.2 NAME	Parekh, Deven
STREET ADDRESS	1702 OSCEOLA ST.	2.3 STREET ADDRESS	667 Madison Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	New York, N.Y. 10021
TITLE	D HELOW, JOSEPH <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELOW, JOSEPH	3.2 NAME	Ryugo, Karen
STREET ADDRESS	9140 GOLFSIDE DRIVE, SUITE 7	3.3 STREET ADDRESS	411 West Putnam Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	Greenwich, CT. 06830
TITLE	D SUSS, STEVE <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSS, STEVE	4.2 NAME	Plaumann, Mark
STREET ADDRESS	411 W. PUTNAM AVE.	4.3 STREET ADDRESS	411 West Putnam Ave.
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	Greenwich, CT. 06830
TITLE	D ROTHSTEIN, MITCHELL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, MITCHELL	5.2 NAME	
STREET ADDRESS	1801 BARRS STREET, SUITE 810	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	5.4 CITY-ST-ZIP	
TITLE	D BOWDEN, FRANK III <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDEN, FRANK III	6.2 NAME	
STREET ADDRESS	1235 SAN MARCO BLVD., SUITE 404	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard C. Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Powell, President 4/15/96

(904)

519-0900

CR2E034 (12/95)