

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P9400000 56781

1. Corporation Name
Health Care Advisors, Inc.

Principal Place of Business
1532 Kingsley Ave., Ste. 104
Orange Park, FL 32073

Mailing Address SAME

98 MAR -2 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 7-98

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1532 Kingsley Ave.	25 1532 Kingsley Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 104	27 Suite 104
City & State	City & State
23 Orange Park	28 Orange Park
Zip	Zip
24 32073	29 32073
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
7-29-94	Not Applicable
4. FEI Number	
59-3256756	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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

9. Name and Address of Current Registered Agent
CHARLES W. ENGELBRECHT
1532 Kingsley Ave., Ste. 104
Orange Park, FL 32073

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	500002446195-1
84 City	03/03/98-01103-011
	***900.00 ***900.00

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 Charles W. Engelbrecht

DATE 2/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Resident - P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles W. Engelbrecht	1.2 NAME	
STREET ADDRESS	1532 Kingsley Ave. Ste 104	1.3 STREET ADDRESS	
CITY - ST - ZIP	Orange Park, FL 32073	1.4 CITY - ST - ZIP	
TITLE		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		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		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		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		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: Charles W. Engelbrecht

DATE 2/11/98

904-278-1060

CR2E034 (10/97)