FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEF Sandr Secr DIVISION C	PARTMENT OF STA Ira B. Mortham retary of State DF CORPORATIONS	STATE
1. Corporation	MENT # P940 TRUM HEALTH SERVICES	00060609 (2 5, inc.	2)	
Principal Place of Business 3600 OAK MANOR LANE BLDG. 3 LARGO FL 34644		Mailing Address 3600 OAK MANOR L BLDG, 3 LARGO FL 34644	ANE	3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 1 \$8.75 Additional
22 City & State 23	e	27 City & State 28		6. Election Campaign Financing \$5.00 May Be
Zip 24	Country 25	Zip	Country 30	Added to Fees Added to Fees Added to Fees Added to Fees
	9. Name and Address of Curr		······································	Florida Statutes Yes No 10. Name and Address of New Registered Agent Name
SUITE 3 CLEARY 11. Pursuant to or registere familiar wit	WATER FL 34622	action 607.0505, Florida Statute	utes, the above-name ized by the corporate es.	City FL 85 Zip Code amed corporation submits this statement for the purpose of changing its registered office ration's board of directors. I hereby accept the appointment as registered agent. I an
12.	OFFICERS A	AND DIRECTORS	VOTE: Registered Agentisigna 13.	sgruture req. Fod when reinstalings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Carroll, Matt 3600 Oak Manor Lane, I Largo FL 34644	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY- ST- ZIP	ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-2IP	DV FARLEY, FRANCIS 3600 OAK MANOR LANE, I LARGO FL 34644	Delete BLDG. 3	2 1 TITLF 2 2 NAME 2 3 STREET ADDAI 2 4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HANNANT, CHERYL 3600 OAK MANOR LANE, I LARGO FL 34644	Delete BLDG. 3	3 1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY - ST- ZIP	ADDRESS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bell, Robert W Sr. 3600 OAK Manor Lane, I Largo Fl 34644		4. 1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY - ST - ZIP	DDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5. 1 TITLE 5.2 NAME 5.3 STREET ADORE 5.4 CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby			6 1 TITLE 62 NAME 63 STREET ADD4E 64 City - St-Zip	DDHESS
certify that t oath; that t	URE:	poration or the receiver or truste	Harrew (not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further and accurate and that my signature shall have the same legal effect as if made under execute this report as required by Chapter 607, Florida Statutes; and that my name CARCOLL 4-39-96 (FI3) 852-9516 Date Date Date