

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

31-95 B-1655-C

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1995



STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

95 MAR -1 PM 4:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000070352 (7)

HEALTH CARE NEGOTIATORS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
 404 W 19TH STREET 404 W 19TH STREET
 PANAMA CITY FL 32401 PANAMA CITY FL 32401

3. Date Incorporated or Qualified 09/23/1994 3a. Date of Last Report
 4. FEI Number 59-3276733 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 Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26 412 W. 19th St.
 22 27
 23 28
 24 25 29 30

9. Name and Address of Current Registered Agent
 COMBS, SAMUEL L III
 404 W 19TH STREET
 PANAMA CITY FL 32401

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 officer 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, SAMUEL L III	1.2 NAME	
STREET ADDRESS	419 W 19TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32405	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RICHARD S	2.2 NAME	
STREET ADDRESS	2007 HARRISON AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32405	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, TED	3.2 NAME	
STREET ADDRESS	740 HARRISON AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32401	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROHMENGER, JAMES	4.2 NAME	
STREET ADDRESS	527 N PALO ALTO AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32405	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 is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(9)(b), Florida Statutes. I further certify that the information submitted 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: Samuel L. Combs III
 Samuel L. Combs III
 2/23/95 904-785-6029