

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

DOCUMENT # **P94000070352 (7)**

1. Corporation Name
HEALTH CARE NEGOTIATORS, INC.



Principal Place of Business: **404 W 19TH STREET PANAMA CITY FL 32401**
Mailing Address: **412 W 19TH STREET PANAMA CITY FL 32401 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/23/1994**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-3276733**
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

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

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: *Samuel L. Combs III* (Signature) and *2/14/96* (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COMBS, SAMUEL L III	
STREET ADDRESS	419 W 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, RICHARD S	
STREET ADDRESS	2007 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, TED	
STREET ADDRESS	740 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROHMENGER, JAMES	
STREET ADDRESS	527 N PALO ALTO AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: *Samuel L. Combs III*, *Samuel L. Combs III* (Signature and Typed Name) and *SG 3-30-96* (Date)

CR2E034 (12/95)