

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000007178 (3)

1. Corporation Name

ASSOCIATED HEALTHCORE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1437 N. OHIO AVE. LIVE OAK FL 32080	1010 E BAY AVE LAKE CITY FL 32056

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 2181
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 LAKE CITY, FL
24 Zip	29 32056-2181
25 Country	30 USA

3. Date Incorporated or Qualified	4. FEI Number
01/17/1995	59-3302465
5. Certificate of Status Desired	6. Election Campaign Financing
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, KENNETH A 1010 E BAY AVE LAKE CITY FL 32056	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 Kenneth A. Watson DATE 4/28/98
Signature, typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SMITH, PAUL
STREET ADDRESS	2 HILLSIDE DR.
CITY-ST-ZIP	LAKE CITY FL 32055
TITLE	STD
NAME	WATSON, KENNETH A
STREET ADDRESS	1010 EAST BAY AVE
CITY-ST-ZIP	LAKE CITY FL 32202-5
TITLE	D
NAME	SMITH, STEPHEN
STREET ADDRESS	2 HILLSIDE DR.
CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	D
NAME	SMITH, MICHAEL
STREET ADDRESS	2 HILLSIDE DR.
CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PSTD
2.3 STREET ADDRESS	WATSON, KENNETH A.
2.4 CITY-ST-ZIP	1010 E. BAY AVE LAKE CITY, FL 32056-2181
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	

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.

CR2E034 (10/97)