

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name:
CONSOLIDATED HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
2206 G CONGRESS AVE 51 WEST PALM BEACH FL 33406 US	2290 10TH AVE N #602 LAKE WORTH FL 33461 US

2. Principal Place of Business		2a. Mailing Address	
21	1700 Kirk Road Suite, Apt. #, etc.	2b	1700 Kirk Road Suite, Apt. #, etc.
22	Suite B City & State	27	Suite B City & State
23	West Palm Beach Zip	28	West Palm Beach Zip
24	33406 Country	29	33406 Country
25	U.S.A.	30	U.S.A.

9. Name and Address of Current Registered Agent		
SCHWENCKE, KERRY R 1845 PALM BEACH LAKES BLVD SUITE #400 WEST PALM BEACH FL 33401	81	Name
	82	Street Address
	83	
	84	City

3. Date Incorporated or Qualified 02/22/1995					
4. FEI Number 59-3306822	<table border="1"> <tr> <td></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	Applied For				
	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees				
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					

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		DATE	
Signature (typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)	
<div> <div>12. OFFICERS AND DIRECTORS</div> <div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</div> </div>			
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, WILLIAM B	1.2 NAME	
STREET ADDRESS	1645 PB LAKES BLVD #400	1.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, FRANCIS	2.2 NAME	
STREET ADDRESS	1645 P B LAKES BLVD #400	2.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	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: William B. Smith 4/11/08 241/433-9383

CR2E034 (10/97)