

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
 97 OCT 29 PM 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000026301
 1. Corporation Name
COMPREHENSIVE OUTPATIENT SERVICES OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
1443 San Marco Blvd., 2nd FL Same
San Marco Medical Office
Jacksonville, FL 32207

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/95	05/06/97
4. FEI Number	Applied For
59-3304945	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Robert G. Southard, Jr.
1443 San Marco Blvd.
2nd Floor, San Marco Medical Office
Jacksonville, FL 32297

10. Name and Address of New Registered Agent

81	Name	Frederick Kunen, M.D.
82	Street Address (P.O. Box Number is Not Acceptable)	1443 San Marco Blvd., 2nd Floor
83	City & State	San Marco Medical Office
84	City	Jacksonville, FL
85	Zip Code	32207

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: *Frederick Kunen M.D.* DATE: 10/21/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	Robert G. Southard, Jr.	6818 Madrid Avenue	Jacksonville, FL 32217	<input checked="" type="checkbox"/>
D	Judy M. Southard	6818 Madrid Avenue	Jacksonville, FL 32217	<input checked="" type="checkbox"/>
D	Kevin J. Southard	154749 Springwood Dr.	Baton Rouge, LA 70817	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D/P	P. Frederick Kunen	2000 Towerside Terrace, Apt. #1006	North Miami, FL 33138	<input type="checkbox"/>
D/S/T	Eliseo Martinez	1014 Salzedo Street	Coral Gables, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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14. I do 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: *Frederick Kunen M.D.* DATE: 10/21/97 (904) 396-7555

CR2E034 (9/96)