

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

FILED
May 08 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 # P95000026301 (8)
 1. Corporation Name
COMPREHENSIVE OUTPATIENT SERVICES OF JACKSONVILL E, INC.



Principal Place of Business 1443 SAN MARCO BLVD. 2ND FLOOR, SAN MARCO MEDICAL OFFICE JACKSONVILLE FL 32207	Mailing Address 1443 SAN MARCO BLVD. 2ND FLOOR, SAN MARCO MEDICAL OFFICE JACKSONVILLE FL 32207
----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3728 Phillips Hwy	26 3728 Phillips Hwy			04/03/1995	
22 Suite, Apt. #, etc. 229	27 Suite, Apt. #, etc. 229	4. FEI Number 59-3304945		Applied For <input type="checkbox"/> Not Applicable	
23 City & State Jacksonville FL	28 City & State Jacksonville FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32207	25 Country USA	29 Zip 32207		30 Country USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

KUNEN, M.D., FREDERICK 1443 SAN MARCO BLVD. 2ND FLOOR, SAN MARCO MEDICAL OFFICE JACKSONVILLE FL 32207		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 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 *[Signature]* **President** DATE **4-30-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNEN, P. FREDERICK	1.2 NAME	
STREET ADDRESS	2000 TOWERSIDE TERRACE, APT 1006	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL 33138	1.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ELISEO	2.2 NAME	
STREET ADDRESS	1014 SALZEDO STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 *[Signature]* **Frederick Kunen President** DATE **4-30-98**

CR2E034 (10/97)