

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000033654 (1)

1. Corporation Name
COUNTRYSIDE FUTURE HEALTHCARE, INC.

Principal Place of Business
33920 U.S. HIGHWAY 19 N.
SUITE 269
PALM HARBOR FL 34684
US

Mailing Address
33920 U.S. HIGHWAY 19 N.
SUITE 269
PALM HARBOR FL 34684-2650
US



3. Date Incorporated or Qualified 05/01/1995
3a. Date of Last Report 03/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3231 McMullen Booth Rd		26 3231 Mc Mullen Booth Rd		59-3315347		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22 SUITE 101		27 SUITE 101					
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 SAFETY HARBOR FL		28 SAFETY HARBOR FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 34695		29 34695		<input type="checkbox"/>		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 FLORIDA		30 FLORIDA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKINSON, ROBERT C III 33920 U.S. HIGHWAY 19 N. SUITE 269 PALM HARBOR FL 34684				81 Name RICHARD SOLA MD			
				82 Street Address (P.O. Box Number is Not Acceptable) 3231 Mc Mullen Booth Rd			
				83 SUITE 101			
				84 City SAFETY HARBOR FL 85 Zip Code 34695			

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]* RICHARD SOLA MD DATE 1-30-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLA, RICHARD MD	1.2 NAME	
STREET ADDRESS	3020 TURTLE BROOKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *[Signature]* SIGNATURE REQUIRED DATE 1-30-97 (813) 1-30-97 7256246

CR2E034 (9/96)