

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
 1. Corporation Name: **Deco Healthcare Solutions, Inc**  
**PA5000064351**

Principal Place of Business: **707 Selva Lakes Cir Atlantic Beach, FL 32233**  
 Mailing Address: **(Same)**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: **8-16-95**

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number: <b>65-0602595</b>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

9. Name and Address of Current Registered Agent  
**Deborah Coggins**  
**707 Selva Lakes Cir.**  
**Atlantic Beach, FL 32233**

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>President</b>	<input type="checkbox"/> DELETE	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Deborah Coggins</b>		12. NAME:
STREET ADDRESS: <b>707 Selva Lakes Cir</b>		13. STREET ADDRESS:
CITY-ST-ZIP: <b>Atlantic Beach, FL 32233</b>		14. CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22. NAME:
STREET ADDRESS:		23. STREET ADDRESS:
CITY-ST-ZIP:		24. CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME:
STREET ADDRESS:		33. STREET ADDRESS:
CITY-ST-ZIP:		34. CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:
STREET ADDRESS:		43. STREET ADDRESS:
CITY-ST-ZIP:		44. CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:
STREET ADDRESS:		53. STREET ADDRESS:
CITY-ST-ZIP:		54. CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:
STREET ADDRESS:		63. STREET ADDRESS:
CITY-ST-ZIP:		64. CITY-ST-ZIP:

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 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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 a subsequent filing with an address.

SIGNATURE: **Deborah A Coggins** Date: **4/28/98** Phone #: **(904) 247-0383**

CR2E034 (10/97)