

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000067848 (8)**

1. Corporation Name
ENTERPRISE HEALTH SYSTEMS, INCORPORATED



Principal Place of Business
**2039 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410**

Mailing Address
**2039 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified **08/31/1995** 3a. Date of Last Report

4. FEI Number **605-00075410** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **1800 Forest Hill Blvd.**
Suite, Apt. #, etc.
22 **Suite A2**
City & State
23 **West Palm Beach, FL**
Zip Country
24 **33406** 25 **USA**

2a. Mailing Address
26 **1800 Forest Hill Blvd.**
Suite, Apt. #, etc.
27 **Suite A2**
City & State
28 **West Palm Beach, FL**
Zip Country
29 **33406** 30 **USA**

9. Name and Address of Current Registered Agent

**ZAPPA, MICHAEL J
2039 DRIFTWOOD CIRCLE
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name **Michael J. Zappa**
82 Street Address (P.O. Box Number is Not Acceptable) **2139 Driftwood Circle**
83
84 **Palm Beach Gardens FL** 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Michael J. Zappa, MD, Pres* **Michael Zappa, M.D., Pres. 5/1/96**
Signature typed in printed name of signing officer or director DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAPPA, MICHAEL J	
STREET ADDRESS	2039 DRIFTWOOD CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAYES, SHARON	
STREET ADDRESS	120 PARKWOOD DRIVE	
CITY - ST - ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHARRIEZ, JUDY	
STREET ADDRESS	1265 SCOTTSDALE ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNES, DEBRA A	
STREET ADDRESS	504 WATERVIEW DRIVE	
CITY - ST - ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Michael J. Zappa, MD, Pres.* **5/1/96** **407-439-1415**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE

CR2E034 (12/95)