

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077587 (0)

1. Corporation Name  
HEALTHCARE DIMENSION, INC.



Principal Place of Business 5000 STACK BLVD. SUITE A-4 MELBOURNE FL 32901 US	Mailing Address 5000 STACK BLVD. SUITE A-4 MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4880 stack Blvd. Ste E-2 Suite, Apt. #, etc. E-2 22 City & State Melbourne 23 Zip 32901 Country Broward		2a. Mailing Address 4880 stack Blvd 26 Melbourne, FL 32901 Ste E-2 Suite, Apt. #, etc. E-2 27 City & State Melbourne 28 Zip 32901 Country Broward		3. Date Incorporated or Qualified 10/10/1995	
		4. FEI Number 59-3362744		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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 MITCHELL, BRUCE A ESQ. 1865 S. RIVERVIEW DRIVE MELBOURNE FL		10. Name and Address of New Registered Agent 81 Name VICTOR S. KOSTRO, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) REINMAN + WATWOOD, P.A. 1885 South Riverview drive 83 84 City Melbourne FL 85 Zip Code 32901	
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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 Victor S. Kostro DATE 01-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELINA, WILLIAM F. 5000 STACK BLVD. STE A-4 MELBOURNE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: F. Velina William 01/19/98

CP2E034 (10/97)