


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

FILED
May 21 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 # **P95000077726 (4)**

1. Corporation Name
AHL SELECT HMO, INC.



Principal Place of Business 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE FL 32224	Mailing Address 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE FL 32224
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1995	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3367257	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEEKIN, W. MICHAEL 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE FL 32224				10. Name and Address of New Registered Agent	
				81 Name Chris A. Verlander	
				82 Street Address (P.O. Box Number is Not Acceptable) 1776 American Heritage Life Drive	
				83	
				84 City Jacksonville	85 Zip Code FL 32224-6688

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOUGLAS, T. O'NEAL			1.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VERLANDER, CHRIS A			2.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAUM, JAMES H			3.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, K. PEARL			4.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEEKIN, W. MICHAEL			5.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			5.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOREHEAD, C. RICHARD			6.2 NAME			
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			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.

CR2E034 (1097)