

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

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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078943 (4)

1. Corporation Name:
APOLLO HEALTHCARE SERVICES, INC.



Principal Place of Business 5950 FROND WAY APOLLO BEACH FL 33572 US	Mailing Address 5950FROND WAY APOLLO BEACH FL 33572-2647 US
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3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 5930 Frond Way Suite, Apt. #, etc.	2a. Mailing Address 26 5930 Frond Way Suite, Apt. #, etc.
22 City & State 23 Apollo Beach, FL	27 City & State 28 Apollo Beach, FL
24 Zip 33572 25 Country USA	29 Zip 33572 30 Country USA

4. FEI Number 65-0616641	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PYLE, TERENCE F 707 DEL WEBB BOULEVARD SUN CITY CENTER FL 33573		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, KAREN E.	1.2 NAME	
STREET ADDRESS	911 CHIPAWAY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOLLO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, CHRISTOPHER D.	2.2 NAME	
STREET ADDRESS	5850 FROND WAY	2.3 STREET ADDRESS	3414 Bent Oak St
CITY - ST - ZIP	APOLLO BEACH FL	2.4 CITY - ST - ZIP	VALRICO, FL 33572
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: *Karen E. Kearney* Karen E. Kearney 2-24-97 813-641-2363

CFR2E034 (9/96)