SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P95000093477 (4)**

1. Corporation Name
DECISION MANAGEMENT INTERNATIONAL - HEALTH CARE GROUP, INC.

Principal Place of Business	Mailing Address
906 SMYPHONY BEACH LN APOLLO BEACH FL 33572	906 SMYPHONY BEACH LN APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1995

2. Principal Place of Business	2a. Mailing Address
21 1111 3rd AVE. WEST	26 1111 3rd AVE WEST
Suite, Apt. #, etc. 22 250	Suite, Apt. #, etc. 27 250
City & State 23 BRADENTON FL	City & State 28 BRADENTON, FL
Zip 24 34205 Country 25 USA	Zip 29 34205 Country 30 USA

4. FEI Number: 59-3355764 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSON, RICHARD A. 501 EAST KENNEDY BLVD.SUITE &)) TAMPA, FL APOLLO BEACH FL 33572	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: [signature] President 7/16/98
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	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HANN, STEPHEN S		1.2 NAME	STEPHEN S. HANN
STREET ADDRESS	906 SMYPHONY BEACH LN		1.3 STREET ADDRESS	8231 MAIN STREET P.O. BOX 815
CITY-ST-ZIP	APOLLO BEACH FL 33572		1.4 CITY-ST-ZIP	BOKEELIA, FL. 33922
TITLE	DST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BENEVENTO, GEORGE M		2.2 NAME	GEORGE M. BENEVENTO
STREET ADDRESS	9209 WOODHURST CT		2.3 STREET ADDRESS	1016 MAJESTIC OAKS WAY
CITY-ST-ZIP	LOUISVILLE KY 40222		2.4 CITY-ST-ZIP	SIMPSONVILLE, KY 40067
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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 attached report with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED 7/16/98 941-748-8100