

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

FILED

May 20 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 # **P96000002804 (8)**

1. Corporation Name

PROWEH HEALTH SYSTEMS, INC.



Principal Place of Business

**2833 MEADOW HILL DR
CLEARWATER FL 34621**

Mailing Address

**2833 MEADOW HILL DR
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 24641 US 19 NORTH	26 24641 US 19 NORTH	3. Date Incorporated or Qualified 01/05/1996	
22 Suite #540	27 Suite #540	4. FEI Number 59-3382092	Applied For <input type="checkbox"/> Not Applicable
23 Clearwater FL	28 Clearwater, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33763	29 33763	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 USA	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WISCHWEH, STEPHEN W
2833 MEADOW HILL DR
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name	H. Lee Ohlman
82 Street Address (P.O. Box Number is Not Acceptable)	24641 US 19 NORTH
83	Suite 540
84 City	Clearwater
85	FL
86 Zip Code	33763

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]

(NOTE: Registered Agent's signature required when reinstating)

DATE

5/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	President
NAME	WISCHWEH, STEPHEN W	1.2 NAME	H. Lee Ohlman
STREET ADDRESS	2833 MEADOW HILL DR	1.3 STREET ADDRESS	24641 US 19 NORTH Suite 540
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	Clearwater, FL 33763
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary
NAME		2.2 NAME	Cheryl McCarthy
STREET ADDRESS		2.3 STREET ADDRESS	1244 Dartmouth Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 34691
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer
NAME		3.2 NAME	David Burt
STREET ADDRESS		3.3 STREET ADDRESS	501 S. Ridgewood Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 only in attachment with an address.

SIGNATURE:

[Signature]

5/1/98

(813)

669-5300

CR2E034 (10/97)