

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

FILED
Apr 13 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 # P96000005328 (5)
 1. Corporation Name
WESTBAY REFERRAL GROUP, INC.



Principal Place of Business 13954 W. HILLSBOROUGH AVE. TAMPA FL 33635	Mailing Address 13954 W. HILLSBOROUGH AVE. TAMPA FL 33635
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33825 U.S. 19 N. Suite, Apt. #, etc.		2a. Mailing Address 26 33825 U.S. 19 N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/18/1996	
22 City & State 23 Palm Harbor, Fla.		27 City & State 28 Palm Harbor, Fla.		4. FEI Number 59-3359989 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 34684		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 34684		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent TRACY, JOHN A 13954 W. HILLSBOROUGH AVE. TAMPA FL 33635				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 TRACY, JOHN A 13954 W. HILLSBOROUGH AVE. TAMPA FL 33635				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 33825 U.S. 19 N.	
83				84 City Palm Harbor	
84 City				85 Zip Code FL 34684	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, JOHN A	1.2 NAME	
STREET ADDRESS	13954 W. HILLSBOROUGH AVE.	1.3 STREET ADDRESS	33825 U.S. 19 N.
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	Palm Harbor, Fla. 34684
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, MARILYN	2.2 NAME	
STREET ADDRESS	13954 W. HILLSBOROUGH AVE.	2.3 STREET ADDRESS	33825 U.S. 19 N.
CITY-ST-ZIP	TAMPA FL 33635	2.4 CITY-ST-ZIP	Palm Harbor, Fla. 34684
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 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: *John A. Tracy* **John A. Tracy** 4/7/98 **813)771-8880**
813)818-1821

CR2E034 (10/97)