
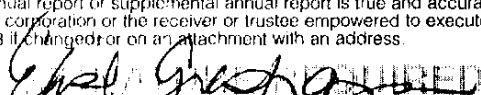


FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 876		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000005484 (6)					
1. Corporation Name GRESHAM SUN HEALTHCARE, INC.					
Principal Place of Business 3210 SW 40TH BLVD GAINESVILLE FL 32608			Mailing Address 3210 SW 40TH BLVD GAINESVILLE FL 32608-2362		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		
25 Country			30 Country		
3. Name and Address of Current Registered Agent					
CLAYTON, JAMES E					81 Name
111 SE 1ST AVE					82 Street Address
GAINESVILLE FL 32601					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
<small>Signable type and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE		13.	
NAME	GRESHAM, STEVEN M			1.1 TITLE	
STREET ADDRESS	4500 SW 80TH PLACE			1.2 NAME	
CITY - ST - ZIP	GAINESVILLE FL 32608			1.3 STREET ADDRESS	
TITLE	D	<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP	
NAME	GRESHAM, ELYSE H			2.1 TITLE	
STREET ADDRESS	4500 SW 80TH PLACE			2.2 NAME	
CITY - ST - ZIP	GAINESVILLE FL 32608			2.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
NAME				3.1 TITLE	
STREET ADDRESS				3.2 NAME	
CITY - ST - ZIP				3.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	
NAME				4.1 TITLE	
STREET ADDRESS				4.2 NAME	
CITY - ST - ZIP				4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
NAME				5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY - ST - ZIP				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
NAME				6.1 TITLE	
STREET ADDRESS				6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.					
SIGNATURE:					
					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)