

5. 848 B- 6854 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 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 # P96000011305 (5)
 1. Corporation Name
H.T.B. SPECIALITY CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4063 SALISBURY ROAD SUITE 205 JACKSONVILLE FL 32216	Mailing Address 4063 SALISBURY ROAD SUITE 205 JACKSONVILLE FL 32216
---	---

3. Date Incorporated or Qualified 02/01/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1048391	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4555 Emerson Pkwy Suite, Apt. #, etc. 22 Suite 100 City & State 23 Jacksonville, FL Zip 24 32207	2a. Mailing Address 26 4555 Emerson Pkwy Suite, Apt. #, etc. 27 Suite 100 City & State 28 Jacksonville, FL Zip 29 32207	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

9. Name and Address of Current Registered Agent ROCK, R A 101 EAST KENNETY BLVD. SUITE 2000 TAMPA FL 33602	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
--	---------	---	----	---------	-------------

10. Name and Address of New Registered Agent
--

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 PD	NAME DOLAN, JAMES B	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4063 SALISBURY ROAD SUITE 205	CITY-ST-ZIP JACKSONVILLE FL	1.2 NAME	
		1.3 STREET ADDRESS 4555 Emerson Pkwy, Suite 100	
		1.4 CITY-ST-ZIP Jacksonville, FL 32207	
TITLE STD	NAME DOLAN, CHERYL S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1205 MAPLETON RD	CITY-ST-ZIP JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP 32207	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *Cheryl S. Dolan* **CHERYL S. DOLAN SECTREAS 4/30/98 904/398-2010**

CR2E034 (10/97)