

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

FILED  
May 26 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 # P96000015929 (8)

1. Corporation Name

DOCTORS DIRECT CARE CLINIC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business DELTA THERMAL CORP. 3201 WEST NINE MILE ROAD PENSACOLA FL 32534	Mailing Address DELTA THERMAL CORP. 3201 WEST NINE MILE ROAD PENSACOLA FL 32534
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3. Date Incorporated or Qualified 02/21/1996
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2. Principal Place of Business 21 9456 Kainui Dr Suite, Apt. #, etc. 22 (Computer Automation Tech.) City & State 23 Pensacola, FL Zip 24 32526 Country 25 USA	2a. Mailing Address 26 2172 W. Nine mile Rd Suite, Apt. #, etc. 27 # 391 City & State 28 Pensacola, FL Zip 29 32534 Country 30 USA
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WHITE, HOWARD DELTA THERMAL CORP. 3201 WEST NINE MILE ROAD PENSACOLA FL 32534
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10. Name and Address of New Registered Agent 81 Name Howard A. White 82 Street Address (P.O. Box Number is Not Acceptable) 9456 Kainui Dr 83 Pensacola, FL 84 City 85 Zip Code FL 32526
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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  HOWARD A. WHITE 5-19-98  
Signature of registered agent or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	WHITE, ANN L
STREET ADDRESS	3201 WEST NINE MILE ROAD
CITY-ST-ZIP	PENSACOLA FL 32534
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	White, Ann L.
1.3 STREET ADDRESS	9456 Kainui Dr.
1.4 CITY-ST-ZIP	Pensacola, FL 32526
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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  4/17/98 (850) 483-7612

CR2E034 (10/97)