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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032613 (7)

F.L. COOPER HEALTH SERVICES, INC.

FILED Mar 17 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address			
SUITE 3400-OI	NE BISCAYNE TOWER	SUITE :	SUITE 3400-ONE BISCAYNE TOWER			
	BISCAYNE BLVD.		OUTH BISCAYNE E			
MIAMI FL 3313	31-1897	MIAMI	MIAMI FL 33131-1897			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/12/1996
2. Principal Place of Business 2a. Mailing Address				• •		4. FEI Number Applied For
21 26						65-0709971 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			S8.75 Additional
22		27	7			5. Certificate of Status Desired Fee Required
City & State			City & State			
	3	— <u> </u>	ı ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country Zip C			Country		
Zip	Country	— `	·			8. This corporation owes or has paid the current year Intangible
24	[25]	29		30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Cur	rent Registered	Agent		· · · · · · · · · · · · · · · · · · ·	10, Name and Address of New Registered Agent
VAL	DES-FAULI CORPORATE SEI	RVICES, INC.		81	Name	
SUITE 3400-ONE BISCAYNE TOWER				82	Street	Address (P.O. Box Number is Not Acceptable)
	O SOUTH BISCAYNE BLVD.				0.,00.	Abdition (1 to . Box 1 to . to
MIAMI FL 33131-1897						
MIM	MI FE 33131-1097					
				84	City	FL 85 Zip Code
			55 E. I. 5		L	
11, Pursuant t	o the provisions of Sections 607.0	J502 and 607.15 ato of Florida, Si	OB, Florida Statute ich change was a	es, the abov juthorized b	e-named the con	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						
SIGNATORE .	Signature, typed or printed name of registered	agent and title if apple	ceble (NOTE	: Registered Ag	ent signature	e required when reinstaling) DATE
12.	OFFICERS	AND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE		VST Addition
NAME	HALL, CHARLES			1.2 NAME		HALL, CHARLES B
STREET ADDRESS	2 S. BISCANE BLVD., #346	00		1.3 STREET	ADDRESS	2 S. BISCAYNE BLVD., #3400
	MIAMI FL	JU		1.4 CITY-5		MIAMI FL 33131-1897
CITY-ST-ZIP			DELETE	2.1 TITLE	11 - ZIP	V X Change Addition
'''	DS					•
NAME	CASSON, MARK			2.2 NAME		KASSON, MARK
STREET ADDRESS	2 S. BISCANE BLVD., #3400			2.3 STREET	address	2 S. BISCAYNE BLVD, #3400
CITY-ST-ZIP	MIAMI FL			2 4 CITY-	ST-ZIP	MIAMI FI 33131-1897
TITLE			DELETE	31 TITLE		D LI Change X Addition
NAME				3.2 NAME		ADAIR, RUBERT L., III
STREET ADDRESS				3.3 STAEET	ADDRESS	2 S. BISCAYNE BLVD., #3400
				3.4. CITY-		MIAMI FL 33131-1897
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	31-11L	D Change X Addition
			- 0	1		_ , ,
NAME				4. 2 NAME		KATZ, MICHAEL
STREET ADDRESS				4.3 STREET	ADDRESS	2 S. BISCAYNE BLVD, #3400
CITY-ST-ZIP				4.4 CITY - 9	T-ZIP	MIAMI_FL_33131-1897
TITLE			DELETE	5.1 TITLE		DV Change X Addition
NAME				5.2 NAME		BERNSTEIN, MATTHEW
STREET ADDRESS				5.3 STREET	ADDRESS	2 S. BISCAYNE BLVD, #3400
CITY-ST-ZIP			DELETE	5.4 CITY - S	1-41	MTAMT FT. 33131-1897
TITLE			- Decemb	6.1 TITLE		PATRICK, ALLYN S.
NAME				6.2 NAME		COLUMN PLANT PLANT HOLAN
STREET ADDRESS				6.3 STREET	ADDRESS	2 S. BISCAYNE BLVD, #3400
CITY-ST-ZIP				6.4 CITY - S	T-ZIP	MIAMI FL 33131-1897
						The state of the s

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 of the corporation attachment with an address.

3/11/98 (214) 953-7700