FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044408

1. Corporation Name

HEALTHCARE RESOURCES MANAGEMENT, INC.

Principal Place of Business

4023 N Armenia Ave
Suite 320
Tampa, FL 33677

Mailing Address

P O Box 23612
Tampa, FL 33623-3612

3. Date Incorporated or Qualified: 4/15/96

3a. Date of Last Report:

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: 59-3375970 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Dianne M. Finn
17700 Hanna Road
Lutz, FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

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: D.M. Finn Treasurer 4/2/97
(Signature of new registered agent, if this is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: Pres/Dir ☐ DELETE
NAME: Joan K. Driscoll
STREET ADDRESS: 17716 Lee Ave #3
CITY-ST-ZIP: Redington Shores, FL 33708

TITLE: V-Pres/Dir ☐ DELETE
NAME: Richard Cooperwasser
STREET ADDRESS: 11740 Forest Hills Drive
CITY-ST-ZIP: Tampa, FL 33612-5126

TITLE: Treas/Dir ☐ DELETE
NAME: Dianne M. Finn
STREET ADDRESS: 17700 Hanna Road
CITY-ST-ZIP: Lutz, FL 33549

TITLE: Sec/Dir ☐ DELETE
NAME: Patricia Streuber
STREET ADDRESS: 3202 Empedrado Street
CITY-ST-ZIP: Tampa, FL 33629

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002138171
-04/09/97--01028--034
***165.00

CR2E034 (9/96)

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 contained in 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: D.M. Finn Treasurer 4/2/97 813-348-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/9/97