

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

FILED
Apr 29 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 #

1. Corporation Name:

HealthCare Service, Inc

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

May 28th, 1996

4. FEI Number

65-0679832

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 owes or has paid the current year intangible
Personal Property Tax due June 30



Yes



No

2. Principal Place of Business

21 4611 S. University Drive

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Davie, FL

Zip

24 33328

Country

25 USA

2a. Mailing Address

26 P. O. Box 550482

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33355

Country

30 USA

9. Name and Address of Current Registered Agent

James M. O'Nan

10. Name and Address of New Registered Agent

81 Name

James M. O'Nan

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

4611 South University Drive

83

Suite 202

84 City

Davie

FL

85

Zip Code

33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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

3/6/98

Signature (Type or print name of individual signing as agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	James M. O'Nan, President/Dir
NAME	4611 S. University Drive, Suite 202
STREET ADDRESS	Davie, FL 33328
CITY-ST-ZIP	

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Donald P. Wetzel, Secretary/Treas/Dir
1.2 NAME	4611 S. University Drive, Suite 202
1.3 STREET ADDRESS	Davie, FL 33328
1.4 CITY-ST-ZIP	

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

3/6/98

954-472-6181

CR2E034 (10/97)