

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

FILED
May 04 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 # P96000060757 (7)
1. Corporation Name
COMMUNITY HEALTHCARE CENTER OF PENSACOLA, INC.



Principal Place of Business 6770 NORTH 9TH AVENUE PENSACOLA FL 32504	Mailing Address 6770 NORTH 9TH AVENUE PENSACOLA FL 32504
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/19/1996	
25		30		4. FEI Number 59-3389677	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24		29		85	

9. Name and Address of Current Registered Agent

LEIGHT, PAUL J
12550 BISCAYNE BLVD. #705 509
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHT, PAUL	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705 509	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, JEANIE	2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705 509	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, ELEN ELEN	3.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705 509	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)