


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

FILED

Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067996
1. Corporation Name
CAMBRIDGE HEALTH CARE SERVICES, INC.

Principal Place of Business Mailing Address
2033 Main Street
Suite 300
SARASOTA, FL 34237

2. Principal Place of Business 21 2033 Main Street Suite, Apt. #, etc 22 Suite 300 City & State 23 SARASOTA, FL Zip 24 34237	2a. Mailing Address 26 2033 Main Street Suite, Apt. #, etc 27 Suite 300 City & State 28 SARASOTA FL Zip 29 34237	30
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3. Date Incorporated or Qualified 8/15/96	3a. Date of Last Report Initial Report
4. FEI Number 65-0689700	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAPITAL Connection 417 E. Virginia Street Suite 1 TALLAHASSEE, FL 32301	10. Name and Address of New Registered Agent 81 Name William A. Johnson 82 Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street 83 Suite 300 84 City SARASOTA 85 Zip Code FL 34237
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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 *William A. Johnson* Vice President, Secretary DATE 7/28/97
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when filing statement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES O. McCARVER	12 NAME	
STREET ADDRESS	2033 Main Street, Ste 300	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	14 CITY-ST-ZIP	
TITLE	Director, Senior Vice President <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT McCARVER	22 NAME	
STREET ADDRESS	2033 Main Street, Ste 300	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	24 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY L. RUSSELL	32 NAME	
STREET ADDRESS	2033 Main Street, Ste 300	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	34 CITY-ST-ZIP	
TITLE	Vice President, Secretary <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM A. JOHNSON	42 NAME	
STREET ADDRESS	2033 Main Street, Ste 300	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: *William A. Johnson* Vice President, Secretary DATE 6/23/97 (941) 365-3376
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)