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AFFILIATED HEALTHCARE PROVIDERS, INC.  
14 SUNSHINE BLVD  
ORMOND BEACH, FL 32174

September 23, 1997

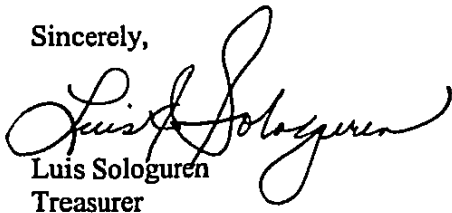
Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Dear Sir:

Please change the address for Affiliated Healthcare Providers, Inc., Federal ID #65-0695952 for the Corporate Annual Report to the following:

14 Sunshine Blvd.  
Ormond Beach FL 32174

Sincerely,

  
Luis Sologuren  
Treasurer

KS<sup>9</sup>/30