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

APPROVED AND FILED

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 FEB 12 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069002

1. Corporation Name
Affiliated Healthcare Providers, Inc.

[redacted]

Principal Place of Business	Mailing Address
~~14 Sunshine Blvd.~~ ~~Ormond Beach, FL~~ 32174	~~14 Sunshine Blvd~~ ~~Ormond Beach, FL~~ 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-16-96

2. Principal Place of Business	2a. Mailing Address
21 2170 W. 73rd St.	26 2170 W. 73rd St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hialeah FL	28 City & State: Hialeah FL
24 Zip: 33016 25 Country: US	29 Zip: 33016 30 Country: US

4. FEI Number: 65-0695952 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jennie B. Spalding 14 Sunshine Blvd. Ormond Beach, FL 32174	81 Name: J. Everett Wilson, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd 83: Mezz. 84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ 2-9-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P/ST	☑ Change ☐ Addition
NAME	Kenneth Howard		1.2 NAME	Raul Rodriguez	
STREET ADDRESS	503 S.W. 2nd Ave		1.3 STREET ADDRESS	2170 W. 73rd Street	
CITY-ST-ZIP	Gainesville, FL 32601		1.4 CITY-ST-ZIP	Hialeah, FL 33016.	
TITLE	VP	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Harold Baldwin		2.2 NAME	300002778863--5	
STREET ADDRESS	6160 Central Ave		2.3 STREET ADDRESS	-02/17/93--01063--008	
CITY-ST-ZIP	St. Petersburg FL 33707		2.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Nancy Simmer		3.2 NAME		
STREET ADDRESS	6160 Central Ave		3.3 STREET ADDRESS		
CITY-ST-ZIP	St Petesburg FL 33707		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Jennie Spalding		4.2 NAME		
STREET ADDRESS	14 Sunshine Blvd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Ormond Beach, FL 32174		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

2.16.99

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 REQUIRED 2-8-99 (305) 826-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0177819