


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

FILED  
Feb 05 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 # P96000069688 (5)  
1. Corporation Name  
QUALITY HEALTHCARE MANAGEMENT RESOURCES INC.



Principal Place of Business 9677 62ND AVE N ST PETERSBURG FL 33708	Mailing Address 9677 62ND AVE N ST PETERSBURG FL 33708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2874 Allapattah Dr Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL 24 Zip 33761 25 Country U.S.		2a. Mailing Address 26 2874 Allapattah Dr. Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL 29 Zip 33761 30 Country U.S.		3. Date Incorporated or Qualified 08/19/1996	
		4. FEI Number 59-3376943		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MACK, SEDRIC 9677 62ND AVE N ST PETERSBURG FL 33708				10. Name and Address of New Registered Agent 81 Name Sedric Mack 82 Street Address (P.O. Box Number is Not Acceptable) 2874 Allapattah Dr. 83 84 City Clearwater FL 85 Zip Code 33761			
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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

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	<input type="checkbox"/> DELETE		1.1 TITLE	President/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATCHER, YOLANDA L			1.2 NAME	Yolanda L. Hatcher		
STREET ADDRESS	9677 62ND AVE N			1.3 STREET ADDRESS	2874 Allapattah Dr.		
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP	Clearwater FL 33761		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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: Yolanda L. Hatcher 1/5/98 (8B) 772-9579

CR2E034 (10/97)