

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

FILED

May 16 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 # P96000070980 (3)

1. Corporation Name
VECTOR HEALTHCARE CONSULTANTS, INC.



Principal Place of Business 6416 RIVER RIDGE ROAD NEW PORT RICHEY FL 34653	Mailing Address 6416 RIVER RIDGE ROAD NEW PORT RICHEY FL 34653-4341
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3. Date Incorporated or Qualified 08/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 8136 Brighton Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 8136 Brighton Dr. Suite, Apt. #, etc.
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4. FEI Number 59 3397041	Applied For Not Applicable
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22 City & State Port Richey, FL	27 City & State Port Richey, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 34668	25 Country	28 Zip 34668	30 Country
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 9. Name and Address of Current Registered Agent	29 10. Name and Address of New Registered Agent
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

KNIGHT, RICHARD D 6416 RIVER RIDGE ROAD NEW PORT RICHEY FL 34653
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81 Name Knight, Richard D.
82 Street Address (P.O. Box Number is Not Acceptable) 8136 Brighton Dr.
83
84 City Port Richey
85 FL
86 Zip Code 34668

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: Richard D. Knight DATE: April 30, 1997

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, RICHARD D	
STREET ADDRESS	6416 RIVER RIDGE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNIGHT, JANICE L	
STREET ADDRESS	5781 COLONIAL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRASSO, JENNIFER L	
STREET ADDRESS	6416 RIVER RIDGE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Knight, Richard D.	
1.3 STREET ADDRESS	8136 Brighton Dr.	
1.4 CITY-ST-ZIP	Port Richey, FL 34668	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Knight, Jennifer G.	
3.3 STREET ADDRESS	8136 Brighton Dr.	
3.4 CITY-ST-ZIP	Port Richey, FL 34668	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Richard D. Knight, President DATE: 04-30-97 (813) 947-5763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)