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

Mailing Address

1805 FAUST DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

1805 FAUST DRIVE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071098 (3)

GODWIN HEALTHCARE RESOURCES, INC.

ENGLEWOOD FL 34224-8606 ENGLEWOOD FL 34224 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0689102 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Žφ Country Zip This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes X Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GODWIN, DENISE 1805 FAUST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34224** 83 84 City Zip Code 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, typical or printed name of registered agent and tile if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)Change ___ Addition TIFLE PRESIDENT DELETE 1.1 THLE DENISE GODWIN 1.2 NAME NAME 1805 FAUST DR STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD, FL 34224 1.4 CITY-ST-2(P City - St - ZiP DELETE Addition Change TITLE VICE PRESIDENT 2.1 TITLE STEPHEN W GODWIN NAME 2.2 NAME 1805 FAUST DR STREET ADDRESS. 2.3 STREET ADDRESS ENGLEWOOD FL CITY - \$1 - 7/P 2 4 CITY-ST-ZIP Change Addition SECRETARY THE 31 TITLE NAME DENISE GODLIN 32 NAME 1805 PAUS DR STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD, FL 34004 CITY-ST-ZIP 3 4. C(TY-ST-ZIP TREASURER LAURA HEWITSON 13100 MCCAIL Rd 4145 DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 33981 PORT CHARLOTTE FL 4.4 City - St - 7iP CITY-ST-ZIP DELETE Change Addition TOTLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-209 Change ___ Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

RESIDENT 2-18-97

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