


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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90092 016 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000071390**

1. Corporation Name  
**AGAPE MEDICAL CENTER, INC.**



Principal Place of Business <b>3470 N LECANTO HWY BEVERLY HILLS FL 34465 US</b>	Mailing Address <b>3470 N LECANTO HWY BEVERLY HILLS FL 34465 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1996</b>	
21		26		4. FEI Number <b>59-3398278</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BARCLAY, JAMES M</b> <b>131 NORTH GADSDEN STREET</b> <b>TALLAHASSEE FL 32301</b>		<b>Kevin K. Dixon, Esq.</b> <b>320 Highway 41 South</b> <b>Inverness FL 34451</b>	

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 *Kevin K. Dixon* **Kevin K. Dixon, Registered Agent** **3/29/99**  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERT, JIMMY C D.O.	1.2 NAME	DICKERT, JIMMY C., D.O.
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	1.3 STREET ADDRESS	3470 North Lecanto Highway
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAW, JOHN R M.D.	2.2 NAME	DeGRAW, JOHN R., M.D.
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	2.3 STREET ADDRESS	3470 North Lecanto Highway
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	2.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	TDS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYS, MICHAEL D	3.2 NAME	BAYS, MICHAEL D.
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	3.3 STREET ADDRESS	3470 North Lecanto Highway
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVIS, TERRI
STREET ADDRESS		4.3 STREET ADDRESS	3470 North Lecanto Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Beverly Hills, FL 34465
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, with all other like empowered.

SIGNATURE: *Terri Davis* **SIGNATURE REQUIRED** **Terri Davis** **4/5/99** **352-746-1154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #