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

Amended AR

APPROVED AND FILED

99 SEP 17 PM 1:15

SECRETARY OF STATE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071390

1. Corporation Name
AGAPE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
3470 N LECANTO HWY BEVERLY HILLS FL 34465 US	3470 N LECANTO HWY BEVERLY HILLS FL 34465 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/27/1996

4. FEI Number
59-3398278

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

BARCLAY, JAMES M
131 NORTH GADSDEN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Kevin K. Dixon, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 320 Highway 41 South
83
84 City: Inverness FL 85 Zip: 34451

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DICKERT, JIMMY C D.O. 5915 GULF-TO-LAKE HIGHWAY CRYSTAL RIVER FL 34429	X DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Change [ ] Addition 200002992142--4 -09/21/99--01032--023 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEGRAW, JOHN R M.D. 5915 GULF-TO-LAKE HIGHWAY CRYSTAL RIVER FL 34429	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD DeGRAW, JOHN R., M.D. 3470 North Lecanto Highway Beverly Hills, FL 34465 — [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS BAYS, MICHAEL D 5915 GULF-TO-LAKE HIGHWAY CRYSTAL RIVER FL 34429	X DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD BAYS, MICHAEL D. 3470 North Lecanto Highway Beverly Hills, FL 34465 — [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S DAVIS, TERRI 3470 North Lecanto Highway Beverly Hills, FL 34465 — [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (11/98)

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 Terri Davis 8/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #