

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

FILED
Jun 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072802 (7)

1. Corporation Name
TRILLIUM HEALTH NETWORK, INC.

Trillium

Principal Place of Business 14100 WALSHINGHAM RD. SUITE 21 LARGO, FL 33774	Mailing Address 14100 WALSHINGHAM RD. SUITE 21 LARGO, FL 33774
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2. Principal Place of Business 21 28050 U.S. HWY 19 N. Suite, Apt. #, etc. 22 Suite 404 City & State 23 Clearwater, FL Zip 24 34621		2a. Mailing Address 26 28050 U.S. HWY 19 N. Suite, Apt. #, etc. 27 Suite 404 City & State 28 Clearwater, FL Zip 29 34621		3. Date Incorporated or Qualified 08/29/1996		3a. Date of Last Report	
				4. FEI Number 59-3396806		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 has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COATES, BOBBY L 14100 WALSHINGHAM RD. SUITE 21 LARGO, FL 33774				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. HWY 19 N. 83 84 Suite 404 City Clearwater FL 85 Zip Code 34621			
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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]* Bobby L. Coates 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COATES, BOBBY L			1.2 NAME			
STREET ADDRESS	14100 WALSHINGHAM RD. SUITE 21			1.3 STREET ADDRESS	28050 U.S. HWY 19 N., Suite 404		
CITY-ST-ZIP	LARGO-FL-33774			1.4 CITY-ST-ZIP	Clearwater, FL 34621	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE			
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	500002212545		
STREET ADDRESS				5.3 STREET ADDRESS	-06/16/97--01026--030		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***165.00		
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 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 or changed, or on an attachment with an address.

SIGNATURE *[Signature]* 4/30/97

CR2E034 (9/96)