

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081736 (6)

1. Corporation Name

HARDEE MEDICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 324 SOUTH 6TH AVE WAUCHULA FL 33873 US		Mailing Address 1375 BRAMBLEWOOD DR LAKELAND FL 33811	
2. Principal Place of Business 21 1008 SW 9th Ave Suite, Apt. #, etc.		2a. Mailing Address 26 1008 SW 9th Ave Suite, Apt. #, etc.	
22 City & State 23 WAUCHULA, FL 24 33873 25 HARDEE		27 City & State 28 WAUCHULA, FL 29 33873 30 HARDEE	
3. Date Incorporated or Qualified 09/30/1996		4. FEI Number 59-3406812	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent NEGRON, ARMANDO 1375 BRAMBLEWOOD DR. LAKELAND FL 33811	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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, 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	D	1.1 TITLE	
NAME	NEGRON, ARMANDO	1.2 NAME	
STREET ADDRESS	1375 BRAMBLEWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	WINGATE, THERESA	2.2 NAME	
STREET ADDRESS	3759 PENNY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE

CR2E034 (10/97)