

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

FILED

**Mar 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090396 (8)
1. Corporation Name
INTERSOURCE HEALTH CARE, INC.



Principal Place of Business 801 WEST BAY DRIVE, SUITE 707 LARGO FL 33770	Mailing Address 801 WEST BAY DRIVE, SUITE 707 LARGO FL 33770
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7887 Bryan Dairy Rd. Suite, Apt. #, etc. 22 Suite 105 City & State 23 Largo, FL Zip 24 33777	2a. Mailing Address 26 7887 Bryan Dairy Rd. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Largo, FL Zip 29 33777	Country 25 Pinellas	Country 30 Pinellas
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3. Date Incorporated or Qualified 11/04/1996	4. FEI Number 59-3409308	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent TOUPS, MICHAEL 801 WEST BAY DRIVE STE #707 LARGO FL 33770		10. Name and Address of New Registered Agent 81 Name Michael Toups 82 Street Address (P.O. Box Number is Not Acceptable) 7887 Bryan Dairy Rd., Suite 105 83 84 City Largo FL 85 Zip Code 33777	
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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 *Michael P. Toups, VP* DATE **3/11/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	DOULGERIS, JAMES	
STREET ADDRESS	801 WEST BAY DRIVE, SUITE 707	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	STD	<input type="checkbox"/>
NAME	TOUPS, MICHAEL P	
STREET ADDRESS	801 WEST BAY DRIVE, SUITE 707	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/>
NAME	TOUPS, LEON H	
STREET ADDRESS	801 WEST BAY DRIVE, SUITE 707	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/>
NAME	Ciacciolo, Kirk	
STREET ADDRESS	12812 Harbor Wood Dr.	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	3016 Enisglen Dr.		
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	400 Palm Dr.		
2.4 CITY-ST-ZIP	Largo, FL 33770		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	418 Harbor View Lane		
3.4 CITY-ST-ZIP	Largo, FL 33770		
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 *M. Toups, VP* DATE **3/11/98** (912) 548-5427

CFR2034 (10/97)