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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000090396

1. Corporation Name
INTERSOURCE HEALTH CARE, INC.



Principal Place of Business 7887 BRYAN DAIRY RD STE 105 LARGO FL 33777 US	Mailing Address 7887 BRYAN DAIRY RD STE 105 LARGO FL 33777 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3409308
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TOUPS, MICHAEL 7887 BRYAN DAIRY RD STE 105 LARGO FL 33777	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOULGERIS, JAMES	1.2 NAME	Mark Clancy
STREET ADDRESS	3016 ENISGLEN DR	1.3 STREET ADDRESS	7887 Bryan Dairy Rd, Suite 105
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	TOUPS, MICHAEL P	2.2 NAME	
STREET ADDRESS	400 PALM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	TOUPS, LEON H	3.2 NAME	
STREET ADDRESS	418 HARBOR VIEW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	CIANCIOLO, KIRK	4.2 NAME	
STREET ADDRESS	12812 HARBOR WOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: *VP Mark Clancy* DATE: *2-18-99* DAYTIME PHONE: *548-0918*

CR2E034 (1/198)