

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

FILED

Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090479
1. Corporation Name
BAYVIEW HEALTH CARE, INC.

Principal Place of Business Mailing Address
707 EAST OSCEOLA STREET
STUART, FLORIDA 34994

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified OCTOBER 31, 1996	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0728716	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 KENNETH J. DORCHAK 11900 BISCAYNE BLVD. #310 NORTH MIAMI, FLORIDA 33181	10. Name and Address of New Registered Agent 81. Name CHARLES R. HARRISON 82. Street Address (P.O. Box Number is Not Acceptable) 19867 S.W. 7TH PLACE 83. City PEMBROKE PINES FL 84. Zip Code 33029
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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  CHARLES R. HARRISON JULY 28, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE PRESIDENT CHARLES R. HARRISON 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 19867 S.W. 7TH PLACE PEMBROKE PINES, FL 33029
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE SECRETARY CHARLES R. HARRISON 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 19867 S.W. 7TH PLACE PEMBROKE PINES, FL 33029
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE DIRECTOR CHARLES R. HARRISON 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 19867 S.W. 7TH PLACE PEMBROKE PINES, FL 33029
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, if changed, or on an attachment with an address.

SIGNATURE  PRESIDENT CHARLES R. HARRISON 7/28/97 (561)-219 9296
Date Daytime Phone #

CR2E034 (9/96)