

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

FILED  
Jun 29 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 # P96000095965  
1. Corporation Name  
SERENITY HEALTH CARE MANAGEMENT, INC.

Principal Place of Business: 4705 Hwy 17 N. Bowling Green, FL 33834  
Mailing Address: P.O. Box 1364 Bowling Green, FL 33834

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, City & State, Zip, and Country.

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: 11/25/96  
4. FEI Number: 59-8455214  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes  No

9. Name and Address of Current Registered Agent  
A Kerman, Senterfitt & Edison P.A.  
216 South Monroe St. Ste 200  
Tallahassee, FL, 32302-2555

10. Name and Address of New Registered Agent  
81 Name: Cherie Norton  
82 Street Address (P.O. Box Number is Not Acceptable): 4705 Hwy 17 N.  
84 City: Bowling Green FL 85 Zip Code: 33834

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: Cherie Norton Pres. DATE: 4/29/98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Cherie Norton	
STREET ADDRESS	301 Orange Blossom Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cherie Norton	
13 STREET ADDRESS	4705 Hwy 17 N.	
14 CITY-ST-ZIP	Bowling Green, FL 33834	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	9000002576829	
64 CITY-ST-ZIP	-07/01/98--01008--046	
	***150.00	

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: Cherie Norton Pres. DATE: 4/29/98 (941)375-4373

CR2E034 (10/97)