

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

FILED
May 12 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 # P96000100323 (0)

1. Corporation Name
HEALTHCARE PROFESSIONALS, INC.



Principal Place of Business 7917 CANYON LANE CIRCLE ORLANDO FL 32835	Mailing Address 7917 CANYON LANE CIRCLE ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 379 W. Michigan Street Suite, Apt. #, etc. 22 Suite 208 City & State 23 Orlando, FL Zip 24 32806		2a. Mailing Address 26 7917 Canyon LAKE Cr. Suite, Apt. #, etc. City & State 27 Zip 28 Country 25 USA 29 30		3. Date Incorporated or Qualified 01/01/1997	4. FEI Number 65-0716736	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SHEPHERD, STEPHEN C 7917 CANYON LANE CIRCLE ORLANDO FL 32835				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)		7917 Canyon LAKE Circle					
83							
84 City		FL		85 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, STEPHEN C	1.2 NAME	
STREET ADDRESS	7917 CANYON LANE CIRCLE	1.3 STREET ADDRESS	7917 Canyon LAKE Circle
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, KEITH N	2.2 NAME	
STREET ADDRESS	1015 S HIAWASSEE RD APT 3528	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	Shepherd, Wanda M.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	7917 Canyon Lake Circle
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Stephen C. Shepherd* **Stephen C. Shepherd** 4/30/98 (407) 422-9779

CR2E034 (10/97)