

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

FILED
May 11 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 # P97000014168 (3)
1. Corporation Name
NEW MILLENNIUM HEALTH MANAGEMENT SERVICES, INC.



Principal Place of Business 3627 JIM'S COURT GREEN COVE SPRINGS FL 32043	Mailing Address 3627 JIM'S COURT GREEN COVE SPRINGS FL 32043
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <i>same</i> 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. <i>same</i> 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/12/1997 4. FEI Number Not funded as of this date No employees 5. Certificate of Status Desired <input type="checkbox"/> \$0.75 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	
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9. Name and Address of Current Registered Agent SANTORO, THOMAS C. 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James W. Bartlett* CEO *No Changes* DATE *April 30, 1998*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	CEO	BARTLETT, JAMES VANCE PH.D	3627 JIM'S COURT GREEN COVE SPRINGS FL 32043				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	V	VAUGHN, JERRY C. PH.D	216 WESLEY ROAD GREEN COVE SPRINGS FL 32043				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	V	MCCARTY, THOMAS A MSM	2127 FOXWOOD DRIVE ORANGE PARK FL 32073				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	ST	VAUGHN, MARGARET E	216 WESLEY ROAD GREEN COVE SPRINGS FL 32043				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	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: *James W. Bartlett* DATE: *April 30, 1998*

CR2E034 (10/97)