

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000026847 (8)

1. Corporation Name

HEALTH EXCHANGE, INC.

Principal Place of Business

3998 N.W. 23RD TERRACE
BOCA RATON FL 33431

Mailing Address

3998 N.W. 23RD TERRACE
BOCA RATON FL 33431

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

Country

Country

9. Name and Address of Current Registered Agent

MADNICK, MICHAEL H
320 S. OCEAN BOULEVARD
DELRAY BEACH FL 33483

81 Name

no change

82 Street Address (P.O. Box Number is Not Acceptable)

729 N.W. 9th ST

83

84 City

DELRAY BEACH

FL 33444

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

Jameson M. Smith
Signature typed or printed name of registered agent and for if applicable

= SECRETARY

5-21-98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	1.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	2.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	3.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	4.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	5.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	6.2 NAME	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				729 N.W. 9th ST DELRAY 33444	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:

Jameson M. Smith *Jameson Smith* 5-21-98 5612727255

FILED
May 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

65-0744902

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)