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FILED  
May 07 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 # P97000056081 (7)

1. Corporation Name  
CONTINENTAL HEALTHCARE CONSULTANTS, INCORPORATED

Principal Place of Business  
12719 SAMPSON RD.  
JACKSONVILLE FL 32218

Mailing Address  
12719 SAMPSON RD.  
JACKSONVILLE FL 32218



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

59-3449368

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, GARY E  
12719 SAMPSON RD.  
JACKSONVILLE FL 32218

81 Name

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

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 PD  
NAME THOMAS, GARY E  
STREET ADDRESS 12719 SAMPSON RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD  
NAME THOMAS, ROSALIND W  
STREET ADDRESS 12719 SAMPSON RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D  
NAME MCNAIR, RAYMOND  
STREET ADDRESS 1406 ELLIS TRACE CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D  
NAME THOMAS, KHIA A  
STREET ADDRESS 12719 SAMPSON RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D  
NAME THOMAS, KAYLA G  
STREET ADDRESS 12719 SAMPSON RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D  
NAME THOMAS, SHAINA K  
STREET ADDRESS 12719 SAMPSON RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: *Handwritten Signature* GARY E Thomas 04/27/98 904-721-2535

CR2E034 (10/97)