


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

FILED
Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000058071 (6) 1. Corporation Name STARKE MEDICAL CENTER, INC.		



Principal Place of Business 310 SE PALMETTO AVE. KEYSTONE HEIGHTS FL 32656	Mailing Address 310 SE PALMETTO AVE. KEYSTONE HEIGHTS FL 32656
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1550 S Water St Suite, Apt. #, etc. 22		2a. Mailing Address 26 1550 S Water St Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/30/1997	
23 Storke, FL City & State 24 32091 Zip 25 Bredford Country		28 Storke, FL City & State 29 32091 Zip 30 Bredford Country		4. FEI Number 59-3457522 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent POLLOCK, BRUCE 310 SE PALMETTO AVE. KEYSTONE HEIGHTS FL 32656				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLOCK, BRUCE			1.2 NAME	Pollock Bruce		
STREET ADDRESS	310 SE PALMETTO AVE.			1.3 STREET ADDRESS	1550 S WATER STREET		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			1.4 CITY-ST-ZIP	STARKE, FL 32091		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASON, CARL			2.2 NAME	EASON, CARL		
STREET ADDRESS	310 SE PALMETTO AVE.			2.3 STREET ADDRESS	1550 S. Water St		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			2.4 CITY-ST-ZIP	STARKE, FL 32091		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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			
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 _____

CR2E034 (10/97)