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Jul 07 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # P97000058099 (7) Amendment 5/13/98

1. Corporation Name
~~SINUSCARE CENTERS, INC.~~ Change To
SinuCare, Inc.

Principal Place of Business
800 WINDERLEY PL., STE. 230
MAITLAND FL 32751

Mailing Address
800 WINDERLEY PL., STE. 230
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3461517	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUGG, JOSEPH W
201 N. FRANKLIN ST., STE. 2100
TAMPA FL 33602

81 Na
82 Str
83
84 Cl

10. Name and Address of New Registered Agent

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	270 S. Northlake Blvd.
NAME	POWERS, TIMOTHY J	1.2 NAME	Suite 1000
STREET ADDRESS	800 WINDERLEY PL., STE. 230	1.3 STREET ADDRESS	Altamonte Springs, FL 32701
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	270 S. Northlake Blvd.
NAME	POWERS, KEVIN C	2.2 NAME	Suite 1000
STREET ADDRESS	800 WINDERLEY PL., STE. 230	2.3 STREET ADDRESS	Altamonte Springs, FL 32701
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	270 S. Northlake Blvd.
NAME	MILLER, ANDREW W	3.2 NAME	Suite 1000
STREET ADDRESS	240 BURLINGTON PL.	3.3 STREET ADDRESS	Altamonte Springs, FL 32701
CITY-ST-ZIP	NASHVILLE TN 37215	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

CR2E034 (10/97)

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407-339-6500