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

FILED PROFIT ELORIDA DEPARTMENT DE STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000062640 (2) DOCUMENT

FISCAL HEALTHCARE, INC. Principal Place of Business Mailing Address 2025 INDIAN ROCKS ROAD 2025 INDIAN ROCKS ROAD LARGO FL 33774 LARGO FL 33774 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3459525 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status DesIred Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICHARDSON, SUSAN 2025 INDIAN ROCKS ROAD Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33774** 83 84 City 85 | Zip Code FI 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME William Hulley, DO STREET ADORESS 1.3 STREET ADDRESS 2025 Indian Rocks Road CITY-ST-ZIP 1.4 CITY-ST-ZIP <u>Largo, F1 33774</u> DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME Susan Richardson STREET ADDRESS 2.3 STREET ADDRESS 2025 Indian Rocks Road CITY-ST-ZIP 2. 4 CITY-ST-ZIP Largo, Fl 33774 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME Gerald Dominick STREET ADDRESS 3.3 STREET ADDRESS 10265 Ulmerton Road CITY-ST-ZIP 3.4. CITY-ST-ZIP Largo, Fl TITLE DELETE 4.1 TITLE Change - 24 Addition NAME 4. 2 NAME Robert George STREET ADDRESS 4.3 STREET ADDRESS 9699 125th Street N. 4.4 CITY - ST - 7IP CITY - ST - ZIP Seminole, Fl DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY - ST - ZIP

this Hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information youl report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an for this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the provided in an address. 14. I hereby certify that the information supplied with this findicated on this annual report of supplemental anyual officer or director of the coporation or the receiver or Block 12 or Block 13 if changed, or on an attachment.

SIGNATURE: 3

REQUIRED

813-586-7180

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