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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000095397 (0) DOCUMENT #

FIRST HEALTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 05 1998 8:00am Secretary of State



2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Do Not Write In This SPACE 3. Date Incorporated or Qualified 11/06/1997 4. FEI Number  V Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Added to Fees Added to Fees 2. Zip 2. Country 3. This corporation owes or has paid the current year Intangible	2514 HOLLYWOOD BLVD, STE 408 HOLLYWOOD FL 33020			2514 HOLLYWOOD BLVD. STE 408 HOLLYWOOD FL 33020								
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Solide Apt #, etc.    Step	2. Principal Place of	2a. Mail	2a. Mailing Address						VA	pplied For	1	
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City & State	Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				E. Cartiflants of Status Desired		\$8.75	Additional	7
20   20   20   20   20   20   20   20	22		27	27				5. Certificate of Status Desired		Fee R	lequired	╛
Zip Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zip	City & State		City	& State				6. Election Campaign Financing		\$5.00	May Be	7
25	23		28					Trust Fund Contribution		Added	to Fees	╛
9. Name and Address of Current Registered Agent  GOLDSTEIN, BARRY 2514 HOLLYWOOD BLVD, STE 408 HOLLYWOOD FL 33020  82 Street Address (P.O. Box Number is Not Acceptable) 83 B2 Street Address (P.O. Box Number is Not Acceptable) 84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1503, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014, Infiny State of portation Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or repsitered agent. I am familiar was processory to 2014 point for the purpose of changing its registered office or registered office or registered office or registered agent. I am familiar was processory to 2014 point for the purpose of the corporation's board of directors. In replaced agent agent and processory to 2014 point for the purpose of the corporation's board of directors. In replaced agent agent for the corporation's boar	Zip	Country	Zip		Coun	try		8. This corporation owes or has p			itangible	7
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### DELETE			ent Registered	Agent				10. Name and Address of New Re	gistered /	gent		4
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		hat the information supplied v	with this filing d	loes not qualify fo			ed in Se	ection 119.07(3)(i), FlorIda Statutes. I	further cer	tify that the	information	1

is broaded 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 trusted 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 off an attachment with an address.

SIGNATURE:

954-922-6104