

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

FILED

**May 15 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 # P97000099996 (5)
1. Corporation Name
ADVANCED ALLIANCE HEALTH CARE, P.A.



Principal Place of Business: 1838 KELL LANE, MIDDLEBURG FL 32068
Mailing Address: 1838 KELL LANE, MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1532 Kingsley Avenue
22 Suite 109
23 Orange Park, Florida
24 32073 25 Clay

2a. Mailing Address
26 1532 Kingsley Avenue
27 Suite 109
28 Orange Park, Florida
29 32073 30 Clay

3. Date Incorporated or Qualified: 11/21/1997
4. FEI Number: Applied For
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

9. Name and Address of Current Registered Agent
ALTERMAN, LEONARD
9116 CYPRESS GREEN DR., SUITE 207
JACKSONVILLE FL 32258

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: FL

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTNEY, JOANNE L	1.2 NAME	
STREET ADDRESS	1838 KELL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLADAY, GENARA	2.2 NAME	
STREET ADDRESS	741 OLD HICKORY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARENTINE, FAYE	3.2 NAME	
STREET ADDRESS	2391 HALPERNS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32050	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN	4.2 NAME	
STREET ADDRESS	3920 BESS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	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	900002526429
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/18/98--01003--038
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***150.00
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)