


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90155 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000016621</b> 1. Corporation Name <b>CREST WALK IN CLINICS, INC.</b>		



Principal Place of Business 475 HARRISON AVENUE PANAMA CITY FL 32401	Mailing Address 475 HARRISON AVENUE PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>516 BUNKERS COVE RD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 12478</b> Suite, Apt. #, etc.		3. Date incorporated or Qualified <b>02/19/1998</b>		4. FEI Number <b>59-3499110</b> Applied For <input type="checkbox"/> Not Applicable	
22 City & State <b>PANAMA CITY, FL</b>		27 City & State <b>PANAMA CITY, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip <b>32401</b>		28 Zip <b>32401</b>		29 Country <b>BAH</b>		30 Country <b>BAH</b>	

9. Name and Address of Current Registered Agent <b>WILLIAMS, JACK G</b> <b>502 HARMON AVENUE</b> <b>PANAMA CITY FL 32401</b>				10. Name and Address of New Registered Agent 81 Name <b>Mary K. Sittman</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>516 Bunkers Cove Road</b> 83 84 City <b>Panama City</b> FL 85 Zip Code <b>32401</b>			
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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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOHN		1.2 NAME				
STREET ADDRESS	475 HARRISON AVENUE		1.3 STREET ADDRESS				
CITY-STATE-ZIP	PANAMA CITY FL 32401		1.4 CITY-STATE-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTMAN, MARY K		2.2 NAME				
STREET ADDRESS	475 HARRISON AVENUE		2.3 STREET ADDRESS	<b>516 Bunkers Cove Road</b>			
CITY-STATE-ZIP	PANAMA CITY FL 32401		2.4 CITY-STATE-ZIP	<b>Panama City, FL 32401</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-STATE-ZIP			3.4 CITY-STATE-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-STATE-ZIP			4.4 CITY-STATE-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-STATE-ZIP			5.4 CITY-STATE-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-STATE-ZIP			6.4 CITY-STATE-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

8:50 785-2259

Daytime Phone #

CR2E034 (1/98)