


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90129 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000070246

1. Corporation Name
PROMEDCO OF PINELLAS/PASCO, INC.

Principal Place of Business 801 CHERRY ST SUITE 1450 FT WORTH TX 76102	Mailing Address 801 CHERRY ST SUITE 1450 FT WORTH TX 76102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 29399 US Highway 9 North Suite, Apt. #, etc. 22 Suite 370 City & State 23 Clearwater, FL Zip Country 24 34621 25 Pinellas	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 08/12/1998	4. FEI Number 59-3527439	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Addition
NAME		1.2 NAME	H. WAYNE POSEY
STREET ADDRESS		1.3 STREET ADDRESS	801 Cherry Street, Suite 1450
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DEBORAH A. JOHNSON
STREET ADDRESS		2.3 STREET ADDRESS	801 Cherry Street, Suite 1450
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT D. SMITH
STREET ADDRESS		3.3 STREET ADDRESS	801 Cherry Street, Ste. 1450
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dale K. Edwards
STREET ADDRESS		4.3 STREET ADDRESS	801 Cherry Street, Suite 1450
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Charles McQueary
STREET ADDRESS		5.3 STREET ADDRESS	801 Cherry St., Suite 1450
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Worth, TX 76102
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Asst. Secretary and Asst. Treasurer Tom Hall
STREET ADDRESS		6.3 STREET ADDRESS	801 Cherry St., Ste 1450
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Worth, TX 76102

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, with all other like empowered.

SIGNATURE: Deborah A. Johnson **REQUIRED** 4/27/99 (817) 335-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)