


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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S28030** (2)
1. Corporation Name
BAYCARE HEALTH NETWORK, INC.



Principal Place of Business 17757 US 19N SUITE 100 CLEARWATER FL 34624 US	Mailing Address 17757 US 19N SUITE 100 CLEARWATER FL 34624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17757 US 19 N. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 Clearwater, FL Zip 24 34624 25 US	2a. Mailing Address 26 17757 US 19 N. Suite, Apt. #, etc. 27 SUITE 100 City & State 28 Clearwater, FL Zip 29 34624 30 US
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3. Date Incorporated or Qualified
01/29/1991

4. FEI Number
59-3047975

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

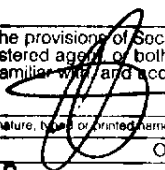
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**JOHN K. VRETAS
17757 US 19N
SUITE 100
CLEARWATER FL 34624**

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

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  **John K. Vretas** 2/5/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JOHN K. VRETAS	
STREET ADDRESS	17757 US 19N SUITE 100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BERCHELMAN, CHRISTOPHER	
STREET ADDRESS	1708 PALMETTO AVE,	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, PHILIP	
STREET ADDRESS	646 VIRGINIA ST., STE. 600	
CITY-ST-ZIP	DUNEDIN FL 34697	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEINZ, DONALD	
STREET ADDRESS	701 8TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Isaac Mallah	
5.3 STREET ADDRESS	3001 W. Martin Luther King Blvd	
5.4 CITY-ST-ZIP	Tampa FL 33607	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-02/12/98--01016--017
*****150.00**

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  **John K. Vretas** 2/5/98 013 635 3935

CR2E034 (10/97)