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

FILED
May 19 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 # S63660 (2)

1. Corporation Name
QUANTUM HEALTH CORPORATION
QHC CORP

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
320 S MILITARY TRAIL S DEERFIELD FL 33442 US	320 S MILITARY TRAIL S DEERIFIELD FL 33442 US

2. Principal Place of Business
21 2263 W. Hillsboro Blvd
Suite, Apt. #, etc
22
City & State
23 Deerfield Beach, Florida
Zip 24 33442 Country 25 USA

2a. Mailing Address
26 2263 W. Hillsboro Blvd.
Suite, Apt. #, etc.
27
City & State
28 Deerfield Beach, Florida
Zip 29 33442 Country 30 USA

3. Date Incorporated or Qualified
06/27/1991

4. FEI Number
65-0269543
☐ Applied For ☐ Not Applicable

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 XX No

9. Name and Address of Current Registered Agent

LEONA MITCHELL
320 S MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Samuel J. Cantor
82 Street Address (P.O. Box Number is Not Acceptable): 1489 W. Palmetto Park Rd.
83 Suite 485
84 City: Boca Raton FL 85 Zip Code: 33486

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] 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	XX DELETE
NAME	MITCHELL, DAVID J	
STREET ADDRESS	5810 NW 62 STREET	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	XX DELETE
NAME	MITCHELL, LEONA	
STREET ADDRESS	5810 NW 62 STREET	
CITY-ST-ZIP	PARKLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change XX Addition
1.2 NAME	Steve Rose	
1.3 STREET ADDRESS	2717 W. Cypress Creek Rd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33309	
2.1 TITLE	D	☐ Change XX Addition
2.2 NAME	Samuel J. Cantor	
2.3 STREET ADDRESS	1489 W. Palmetto Park Rd. Suite 485	
2.4 CITY-ST-ZIP	Boca Raton, Florida 33486	
3.1 TITLE	D	☐ Change XX Addition
3.2 NAME	Steve Kelley	
3.3 STREET ADDRESS	2717 W Cypress Creek Rd	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309	
4.1 TITLE	D	☐ Change XX Addition
4.2 NAME	Jennifer Halikman	
4.3 STREET ADDRESS	2259 W Hillsboro Blvd.	
4.4 CITY-ST-ZIP	Deerfield Beach, FL. 33442	
5.1 TITLE	D	☐ Change XXX Addition
5.2 NAME	Dan O'Groman	
5.3 STREET ADDRESS	2717 W Cypress Creek Rd.	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature] 4/31/98 954 421-6700