

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

Principal Place of Business
**320 S MILITARY TRAIL S
DEERFIELD FL 33442
US**

Mailing Address
**320 S MILITARY TRAIL S
DEERFIELD FL 33442
US**

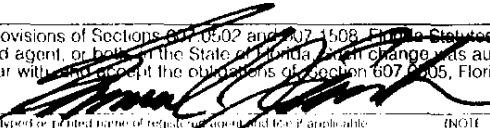


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2263 W. Hillsboro Blvd Suite, Apt. #, etc		2a. Mailing Address 26 2263 W. Hillsboro Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/27/1991	
22 City & State 23 Deerfield Beach, Florida		27 City & State 28 Deerfield Beach, Florida		4. FEI Number 65-0269543	
24 Zip 33442		25 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29 Zip 33442		30 Country USA		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					

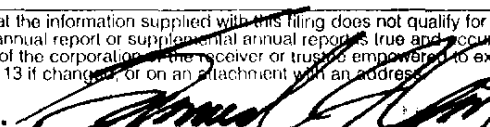
9. Name and Address of Current Registered Agent LEONA MITCHELL 320 S MILITARY TRAIL DEERFIELD BEACH FL 33442				10. Name and Address of New Registered Agent			
				81 Name Samuel J. Cantor			
				82 Street Address (P.O. Box Number is Not Acceptable) 1489 W. Palmetto Park Rd.			
				83 Suite 485			
				84 City Boca Raton			
				85 Zip Code FL 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  DATE **4/30/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	XX DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	MITCHELL, DAVID J			1.2 NAME	Steve Rose		
STREET ADDRESS	5810 NW 62 STREET			1.3 STREET ADDRESS	2717 W. Cypress Creek Rd.		
CITY-ST-ZIP	PARKLAND FL			1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33309		
TITLE	D	XX DELETE		2.1 TITLE	D	☐ Change ☒ Addition	
NAME	MITCHELL, LEONA			2.2 NAME	Samuel J. Cantor		
STREET ADDRESS	5810 NW 62 STREET			2.3 STREET ADDRESS	1489 W. Palmetto Park Rd. Suite 485		
CITY-ST-ZIP	PARKLAND FL			2.4 CITY-ST-ZIP	Boca Raton, Florida 33486		
TITLE		☐ DELETE		3.1 TITLE	D	☐ Change ☒ Addition	
NAME				3.2 NAME	Steve Kelley		
STREET ADDRESS				3.3 STREET ADDRESS	2717 W Cypress Creek Rd		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309		
TITLE		☐ DELETE		4.1 TITLE	D	☐ Change ☒ Addition	
NAME				4.2 NAME	Jennifer Halikman		
STREET ADDRESS				4.3 STREET ADDRESS	2259 W Hillsboro Blvd.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Deerfield Beach, FL. 33442		
TITLE		☐ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME				5.2 NAME	Dan O'Groman		
STREET ADDRESS				5.3 STREET ADDRESS	2717 W Cypress Creek Rd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309		
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
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)(j), 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, 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  DATE **4/30/98**

CR2E034 (10/97)