

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V02834** (2)
1. Corporation Name
BATTAGLIA HEALTH MANAGEMENT CONSULTANTS, INC.



Principal Place of Business
**238 SEAVIEW ST.
MELBOURNE BEACH FL 32951
US**

Mailing Address
**P.O. BOX 51606
MELBOURNE BCH FL 32951-0606**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 06/21/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3105279	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BATTAGLIA, K.M. 238 SEAVIEW ST. MELBOURNE BEACH FL 32951		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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

Signature, typed or printed name of registered agent and to fill applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	BATTAGLIA, JOHN	1.2 NAME	
STREET ADDRESS	238 SEAVIEW ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Chairman - C/T
NAME	BATTAGLIA, KATHLEEN M.	2.2 NAME	
STREET ADDRESS	P.O. BOX 510606 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951-0606	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Sec - S/D
NAME		3.2 NAME	KAREN Guider
STREET ADDRESS		3.3 STREET ADDRESS	61 Hadden Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bergenfield, NJ 07627
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

Date

407 951-3044

Daytime Phone #

CR2E034 (12/95)