


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

FILED

Feb 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | |
| g. Name and Address of Current Registered Agent BATTAGLIA, K.M. 238 SEAVIEW ST. MELBOURNE BEACH FL 32951 | | | 10. Name and Address of New Registered Agent 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 <i>K.M. Battaglia</i> K.M. BATTAGLIA 1/29/98 <small>Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE SD NAME GUIDER, KAREN STREET ADDRESS 61 HAIDEN LANE CITY-ST-ZIP BERGENFIELD NJ TITLE CT NAME BATTAGLIA, KATHLEEN M. STREET ADDRESS P.O. BOX 510606 N/A CITY-ST-ZIP MELBOURNE BEACH FL | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 61 MAIDEN LANE BERGENFIELD, NJ 07621 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(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: <i>Kathleen M. Battaglia</i> KATHLEEN M. BATTAGLIA 1/29/98 3244 | | | | | |



DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 12/23/1991 | |
| 4. FEI Number 59-3105279 | Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CR2E034 (10/97)