


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

FILED
Jan 26 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 # V26783 (3)
 1. Corporation Name
ST. THOMAS HEALTH SERVICES MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 237 CORAL GABLES FL 33134 US	Mailing Address 717 PONCE DE LEON BLVD. SUITE 237 CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified
04/03/1992

2. Principal Place of Business 21 5 Hutton Centre Dr.	2a. Mailing Address 26 5 Hutton Centre Dr.
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4. FEI Number 33-0510656	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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22 Suite, Apt. #, etc. #1025	27 Suite, Apt. #, etc. #1025
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State SANTA ANA CA	28 City & State SANTA ANA CA
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 92707	25 Country USA	29 Zip 92707	30 Country USA
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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
DE FERIA, JANELLA
717 PONCE DE LEON BLVD.
SUITE 237
CORAL GABLES FL 33134

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 **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTS, ESTILL D	1.2 NAME	
STREET ADDRESS	717 PONCE DE LEON BOULEVARD, SUITE 317	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]* **REQUIRED** **Mitts** **Jan 6 1998** **714-850100**

CR2E034 (10/97)