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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **V33061** **(5)**

1. Corporation Name
NATIONS HEALTHCARE OF NORTH FLORIDA, INC.

Principal Place of Business:	Mailing Address:
5525 ROOSEVELT BLVD SUITE J JACKSONVILLE FL 32244 US	500 SUGAR MILL ROAD SUITE 170-A ATLANTA GA 30350-2864 US

2. Principal Place of Business:	2a. Mailing Address:
21	26 1000 MANSELL EXCHANGE WEST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE 230
City & State 23	City & State 28 ALPHARETTA, GA
Zip 24 / Country 25	Zip 29 30202 / Country 30 U.S.A.

3. Date Incorporated or Qualified: **05/01/1992**
3a. Date of Last Report: **04/18/1996**
4. FEI Number: **59-3124504** (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 has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
STADELLI, DONALD C.
5525 ROOSEVELT BLVD.
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name: LAGER, CHARLIE
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of s. 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 X (Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	11 TITLE	[X] Change [ ] Addition
NAME	WOOD, BOB L		12 NAME	
STREET ADDRESS	500 SUGAR MILL ROAD, SUITE 170-A		13 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP	ATLANTA GA		14 CITY-ST-ZIP	ALPHARETTA GA 30202
TITLE	S	[X] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	STADELLI, DONALD C.		22 NAME	
STREET ADDRESS	500 SUGAR MILL ROAD, SUITE 170-A		23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	V [ ] Change [X] Addition
NAME			32 NAME	LAGER, CHARLIE
STREET ADDRESS			33 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP			34 CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE		[ ] DELETE	41 TITLE	T [ ] Change [X] Addition
NAME			42 NAME	MIKE DOOK, STEVE
STREET ADDRESS			43 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP			44 CITY-ST-ZIP	ALPHARETTA GA 30202
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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, added or deleted.

SIGNATURE: X Stephen H. Mundt 3-14-97 770-516-2964