

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V58790** (9)  
1. Corporation Name  
**HEALTHCARE USA, INC.**



Principal Place of Business <b>8705 PERIMETER PARK BLVD. SUITE 3 JACKSONVILLE FL 32216 US</b>	Mailing Address <b>ATTN: ACCOUNTS PAYABLE 100 SOUTH FOURTH STREET, SUITE 1000 ST. LOUIS MO 63102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> <b>8705 Perimeter Park Blvd.</b> Suite, Apt. #, etc. <b>22</b> <b>Suite 5</b> City & State <b>23</b> <b>Jacksonville, FL 32216</b> Zip <b>32216</b> Country <b>USA</b>		2a. Mailing Address <b>26</b> <b>8705 Perimeter Park Blvd.</b> Suite, Apt. #, etc. <b>27</b> <b>Suite 5</b> City & State <b>28</b> <b>Jacksonville, FL 32216</b> Zip <b>32216</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>08/12/1992</b>	
		4. FEI Number <b>59-3138325</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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			

8. Name and Address of Current Registered Agent <b>FEY, CHRISTOPHER T 8705 PERIMETER PARK BLVD. SUITE 3 JACKSONVILLE FL 32216</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>Davina C. Lane, Chief Executive Officer &amp; President</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>8705 Perimeter Park Blvd. Suite 5</b> <b>83</b> <b>84</b> City <b>Jacksonville</b> <b>FL</b> <b>85</b> Zip Code <b>32216</b>	
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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 DAVINA C. LANE (NOTE: Registered Agent signature required when reinstating) DATE 4/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO FEY, CHRISTOPHER 8705 PERIMETER PARK BLVD, STE 4 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D Davina C. Lane 8705 Perimeter Park Blvd., Suite 5 Jacksonville, FL 32216</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCM COHEN, BERNARD 8705 PERIMETER PARK BLVD, STE 4 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D/V/P /S Janet L. Drake 8705 Perimeter Park Blvd., Suite 5 Jacksonville, FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WISE, ALLEN 53 CENTURY BLVD NASHVILLE TN</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D Allen F. Wise 501 Corporate Centre Drive, Suite 400 Franklin, TN 37067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, RICHARD 53 CENTURY BLVD NASHVILLE TN 37214</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D Harvey DeMovick 501 Corporate Centre Drive, Suite 400 Franklin, TN 37067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC DRAKE, JANET 8705 PERIMETER PARK BLVD, SUITE 3 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D Glenn Davis 100 South Fourth Street, Suite 1100 St. Louis, MO 63102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO STELBEN, JOHN 8705 PERIMETER PARK BLVD, SUITE 3 JACKSONVILLE FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Davina C. Lane 4/30/98

CR2E034 (10/97)