

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -4 PM 2:01

DOCUMENT # **V59453** (3)
1. Corporation Name
HEALTH MANAGED CARE NATIONAL, INC.

Principal Place of Business
**240 EAST FIRST AVENUE
SUITE 204
MIAMI FL 33010**

Mailing Address
**6175 N.W. 153RD ST.
SUITE 301
MIAMI LAKES FL 33014
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6175 N.W. 153RD St.		26 Suite, Apt. #, etc.		08/21/1992	
22 Suite 301		27 Suite, Apt. #, etc.		4. FEI Number	
23 Miami, FL		28 City & State		65-0516195	
24 33014		29 Zip		Applied For	
25 Miami-Dade		30 Country		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes or has paid the current year Intangible	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JACKSON, W. CHARLES
8912 SW 142 AVENUE
SUITE 411
MIAMI FL 33186**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, W. CHARLES	
STREET ADDRESS	8912 SW 142 AVE., #411	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8831 S.W. 142 Ave.
1.4 CITY-ST-ZIP	Miami FL 33186
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	000002421400--9
2.4 CITY-ST-ZIP	-02/04/98--01048--033
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	****158.75 ****158.75
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

CR2E034 (10/97)

Florida Medical Provider Inc.

Ms. Sharon Tala
Supervisor – New Filing Division
409 East Gains Street
Tallahassee, Fl 32399

Thank you for your assistance and prompt research that has provided the information and means to correct and remove the improper companies associated with Florida Medical Providers Inc.'s FEI number (65-0227261). As you suggested, attached are 1998 Annual Reports for Health Manage Care National, Inc. and Florida Medical Providers, Inc. Please note that the FEI number (65-0516195-highlighted) has been corrected on Health Manage Care National, Inc.'s report. Also, please remove or detach Galloway Development, Inc. from Florida Medical Providers Inc.'s FEI number (65-0227261).

Again, thank you for your assistance and corrective action in this matter. Contact me at 305-558-5907 if you have any questions.

Sincerely,



Phil Luney
Finance

cc: Ms. Antoinette Cave, Busness Banker – Barnett Bank, N.A., South Florida
Mr. W. Charles Jackson, President/CFO