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May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V72830 (5)

1. Corporation Name  
INTEGRATED CORPORATE HEALTH RESOURCES, INCORPORATED

Principal Place of Business  
P.O. BOX 13786  
ST. PETERSBURG FL 33733

Mailing Address  
P.O. BOX 13786  
ST. PETERSBURG FL 33733-3786



3. Date Incorporated or Qualified 10/01/1992  
3a. Date of Last Report 10/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3145830	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

SCHUMACHER, SCOTT  
2579 62ND AVENUE SOUTH  
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	D	1.1 TITLE	D, P, T
NAME	SCHUMACHER, SCOTT	1.2 NAME	SCHUMACHER, SCOTT
STREET ADDRESS	2579 62ND AVENUE SOUTH	1.3 STREET ADDRESS	2579 62ND AVE. S.
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33712
TITLE		2.1 TITLE	D, VP, S
NAME		2.2 NAME	KEVIN SPIVEY, KELLY
STREET ADDRESS		2.3 STREET ADDRESS	2101 OAKHILL DR.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	VALRICO, FL 33594
TITLE		3.1 TITLE	D
NAME		3.2 NAME	SPIVEY, DAN
STREET ADDRESS		3.3 STREET ADDRESS	2101 OAKHILL DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	VALRICO, FL 33594
TITLE		4.1 TITLE	D
NAME		4.2 NAME	BATES, SANFORD
STREET ADDRESS		4.3 STREET ADDRESS	2826 TAMMARRON LA
CITY - ST - ZIP		4.4 CITY - ST - ZIP	BRANDON, FL 33511
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-28-97 8135362604

CR2E034 (9/96)