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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40649

(6)

HEALTHCARE CONSULTANTS OF AMERICA, INC.

2. Promptor fusion of Paramos 2a. Mainteg Address 25 Mainteg Address 25 Mainteg Address 25 Mainteg Address 25 Mainteg Address 26 Mainteg Address 27 May 8 Mainteg Address 27 May 8 Mainteg Address 27 May 8 Mainteg Address 28 Mainteg Address 27 May 8 Mainteg Address 28 Mainteg Address 27 May 8 Mainteg Address 28 Mainte	Principal Place 609 15TH STRE AUGUSTA GA	EET	Mailing Address 609 15TH STREET AUGUSTA GA 30901-260	1		a samundas ist menni datig ditti bildid täit	DIEN BIBLI BIBLI ÜN	DIO MINAL DI DIE AMBE
2. Moning Address Sen April III Sen April II	NOOUTH ON	•	nooson an asserza			,	•	•
Sale, April 8. C. Substitute Substitute	2. Principat P	face of Business	2a. Mailing Address				1 00/0 1/ 1	
City & State City &	21]		- -			58-1826731		Not Applicable
Country 28 Country 29 Country 30 Count	1	#, C*C	h1			5. Certificate of Status Desired		
28 Country 28 Country 28 Country 29 30 Forest Fund Country 29 30 Forest Stand Corporation has leability for intergable tax under s. 199.032 10 10 10 10 10 10 10 1	[2] City & State					6 Floation Compains Financia		
Country Zip	11		• ····					
Section Sect		Country		Count	ry			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P O Box Number is Not Acceptable) PLANTATION FL 33324 Street Address (P O Box Number is Not Acceptable) Street Address (P O Box Number is Not Acceptable (P O Box Number is Not Acceptable) Street Address (P O Box Number is Not Acceptable (P O Box Number is Not Acceptable) Street Ad	4	to dealth and a comment		30		Florida Statutes	Yes 🔀 No	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 12 Stroot Address (P.O. Box Number is Not Acceptable) 13			it Registered Agent		1 Nome	10. Name and Address of New Re	gistered Agen	1
PLANTATION FL 33324 53				["	Name			
ST Pursuant to the provisions of Sections D07 0622 and D07 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its register office or magnetic transfer with, and accept the obligations of Section 607 0506, Florida Statutes against before against transfer with, and accept the obligations of Section 607 0506, Florida Statutes against transfer with a product register of changing its register of agent transfer with, and accept the obligations of Section 607 0506, Florida Statutes against other removed. 12				8	82 Street Address (P.O. Box Number is Not Acceptable)			
11. Persisted to the provisions of Seckens CU7.0522 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its register of large street agent. Can both, in the State of Hondra Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Can both, in the State of Hondra Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. Can be appointment as registered ag	PLAI	MIATION FL 33324		8	3			
11. Persisted to the provisions of Seckens CU7.0522 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its register of large street agent. Can both, in the State of Hondra Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Can both, in the State of Hondra Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. Can be appointment as registered ag					<u> </u>			
11. Pursuand to the problems of Sections COVIDER and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register oblige or to spistered agent to both, in the State of Horida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent to the public of the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. OF FICH IS AND INFECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PTD LYLE, JAMES 12. INFECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PTD LYLE, JAMES 12. INFECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PTD LYLE, JAMES 609 15TH STREET 13.SIRFI AURIES 13.SIRFI AURIES 14.ONY-SI-2P AUGUSTA GA VD 10RRAS, HOYT 10R				8	4 City		FL 85	Zip Code
AGENT Land Further with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE PTD	11. Pyrsoant I	to the provisions of Sections CO7.050	2 and 607 1508, Florida Stati	utes, the abo	ve-named co	orporation submits this statement for the p	urnose of char	r nging its registered
DELETE D	office or n agent Tai	egistered agent, or both, in the State im familiar with, and accept the obliq	of Horida. Such change was alions of, Section 607.0505, F	s authorized Florida Statut	by the corpo es.	ration's board of directors. I hereby accep	t the appointm	ent as registered
COLIT Registered Apparts to youther required above constanting COLIT		, ,						
PTD		and the second of the second o			igent a griature re			
LYLE, JAMES 609 15TH STREET AUGUSTA GA VD TORRAS, HOYT 609 15TH STREET AUGUSTA GA VD TORRAS, HOYT 609 15TH STREET AUGUSTA GA VD TORRAS, HOYT 609 15TH STREET AUGUSTA GA SD GRAHAM, NANCY 609 15TH STREET AUGUSTA GA SD GRAHAM AUGUSTA GA SD GRAHAM AUGUSTA GA SD GRAHAM AUGUSTA GA SD GRAH	··· · · · ·				T	ADDITIONS/CHANGES TO OFFIC		
SUBSTITEMENT SUBS			ב_) מנוונ		-	/M = 0.		
AUGUSTA GA VD TORRAS, HOYT 609 15TH STREET AUGUSTA GA SICH LARGES BITT STREET AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MAddit AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY 609 15TH ST. Change MADDIT COMMAN AUGUSTA GA SD GRAHAM, NANCY GRAHAM, NANCY 609 15TH STREET AUGUSTA GA SD GRAHAM, NANCY GRAHAM, NANCY 609 15TH STREET AUGUSTA GA SD GRAHAM, NANCY G	ľ					branam, namey		
TORRAS, HOYT 609 15TH STREET AUGUSTA GA SHELLAME CHAPTES D. Hollis, Jr., M.D. 3525 Piedmont Rd. Bldg. 8, Ste. 600 Atlanta, GA 30305=1533 Director GRAHAM, NANCY 609 15TH STREET AUGUSTA GA GRAHAM, NANCY 609 15TH STREET AUGUSTA GA GRAHAM, NANCY 609 15TH STREET AUGUSTA GA DELETE AUGUSTA GA DELETE AUGUSTA GA DELETE Director Roy W. Vandiver, M.D. 35REFLADDRESS ACTIVEST ADDRESS ACTIVEST	[609 15th St.	or at t	nis time)
TORRAS, HOYT 609 15TH STREET AUGUSTA GA SD GRAHAM, NANCY 609 15TH STREET AUGUSTA GA SIREL ADDRESS SIREL ADDRESS SIREL ADDRESS AUGUSTA GA SIREL ADDRESS AUGUSTA GA SIREL ADDRESS AUGUSTA GA Charles D. Hollis, Jr., N.D. 3525 Piedmont Rd. Bldg. 8, Ste. 600 Atlanta, GA 30305-1533 Director Augusta GA SIREL ADDRESS AUGUSTA GA DELETE SIREL ADDRESS AUGUSTA GA Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Addit Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Addit Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Allert ADDRESS Atlanta, GA 30305-1533 Change Addit Allert ADDRESS Atlanta, GA 30305-1533 Change Allert ADDR		l	DE1.EYE			Chairman		hange Addition
AUGUSTA GA SD DELETE 33 STREET ADDRESS 2 4 CHY-SI-7P AT LANGE STREET AUGUSTA GA SD DELETE 32 STREET ADDRESS 35 25 Piedmont Rd. Bldg. 8, Ste. 600 AT LANGE STREET AUGUSTA GA SD DITECTOR Change MADDRESS 700 Spring Street AUGUSTA GA SD DITECTOR Change MADDRESS 700 Spring Street AUGUSTA GA SD DELETE 41 DITECTOR MACON, GA 31201 DITECTOR ROY W. Vandiver, M.D. 43 STREET ADDRESS 2675 N. Decatur Dr. 44 CHY-SI-7P DITECTOR Change MADDRESS 2675 N. Decatur Dr. 44 CHY-SI-7P DITECTOR Change MADDRESS 2675 N. Decatur Dr. 52 MAME DITECTOR Change MADDRESS 35 STREET ADDRESS 35 STREET	MWN	TORRAS, HOYT		2.2 NAM			M. Ti	
DELETE DITECTOR Change Addit	STREET ACHIBESS	I *		23 STAE	ET ADDRESS	3525 Piedmont Rd. Bldo	· R Sta	s 600
GRAHAM, NANCY GRAHAM, NANCY 609 15TH STREET AUGUSTA GA DELETE 31 DILETE 32 NAME 32 NAME 32 NAME 33 SIREEL ADDRESS 34 DITY- ST- ZPP AUGUSTA GA DELETE 41 DILE Director 42 NAME Roy W. Vandiver, M.D. 43 SIREEL ADDRESS 2675 N. Decatur Dr. 44 DITY- ST- ZPP AUGUSTA GA DELETE AUGUSTA GA DELETE DIRECTOR 44 DITY- ST- ZPP DECATURE, CA 30033 Change Addit AUGUSTA ZPP DELETE AUGUSTA GA DELETE DIRECTOR AUGUSTA GA DELETE DIRECTOR AUGUSTA GA AUGUSTA GA DIRECTOR AUGUSTA GA AUGUSTA G	QiTY-ST ZIP			2.4000	'-ST-7IP	Atlanta. GA 30305-1533	l	
CHAPSE AUGUSTA GA AUG	lifu f		☐ DELETE	3 1 THE				hange 🔀 Addition
AUGUSTA GA DELETE Macon, GA 31201 Change Addit				3.2 NAM				
DELETE 4.1 THLE Director Roy W. Vandiver, M.D. 4.2 NAME ROY W. Vandiver, M.D. 4.3 STREET ADDRESS 2675 N. Decatur Dr. 4.4 CHY-SI-ZIP Decatur, CA 30033 DELETE 51 THLE Director; NAME NAME NAME DELETE 51 THLE Director; 52 NAME Thomas M. Gose 53 STREET ADDRESS 3525 Piedmont Rd., Bldg. 8, Ste. 600 64 CHY-SI-ZIP Atlanta, GA 30305=1533 DIRECTOR NAME DIRECTOR 1 DELETE 61 THLE Director 62 NAME Director Darrell O. Grimes 3525 Piednont Rd., Bldg. 8, Ste. 600 CHY-SI-ZIP Darrell O. Grimes 3525 Piednont Rd., Bldg. 8, Ste. 600 Atlanta, GA 30305=1533 Change K Additector Atlanta, GA 30305=1533 CHY-SI-ZIP Atlanta, GA 30305=1533 The control of the contr	STEEL LADIORESS	l .		3.3 STRE				
NAME STREET ADDRESS ALTON ST. ZIP THEE DELETE A 2 NAME A 3 STREET ADDRESS A 4 CITY-ST-ZIP A 4 CITY-ST-ZIP A 4 CITY-ST-ZIP A 5 THLE DELETE DELETE 5 THLE Director Thomas M. Gose 3 STREET ADDRESS 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP A 1 Lanta, GA 30305-1533 Change A 3 Addit Delete Director Darrell O. Grimes 3 525 Piedmont Rd., Bldg. 8, Ste. 600 Atlanta, GA 30305-1533 Change A 3 Addit A 1 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 understand on this annual report or supplied-contal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath;		AUGUSTA GA	T DELETE			•		
A SIRELADDRESS CITY STATE CITY STATE CITY STATE A 40 CITY STATE DELETE DELETE A 40 CITY STATE A 40 CITY STATE Decatur CA 30033 Change Addit Addit Thomas M. Gose 53 STREELADDRESS 54 CITY STATE Atlanta, GA 30305=1533 Change Addit Addit Delete Director Atlanta, GA 30305=1533 Change Addit Addit Delete Atlanta, GA 30305=1533 Change Addit Addit Director Darrell O. Grimes 3525 Piedmont Rd., Bldg. 8, Ste. 600 CITY STATE Atlanta, GA 30305=1533 CITY STATE Atlanta, GA 30305=1533 Atla			LT DETERE					mange KI Addition
A 4 CHY-SI-ZIP DELETE 1	1				-	•		
DELETE 51 TILE Director Thomas M. Gose 52 NAME Thomas M. Gose 53 STREET ADDRESS 3525 Piedmont Rd., Bldg. 8, Ste. 600 64 CHY-ST-ZP Atlanta, GA 30305=1533 CHY-ST-ZP Darrell O. Grimes 63 STREET ADDRESS 3525 Piedmont Rd., Bldg. 8, Ste. 600 64 CHY-ST-ZP Darrell O. Grimes 63 STREET ADDRESS 3525 Piedmont Rd., Bldg. 8, Ste. 600 64 CHY-ST-ZP Atlanta, GA 30305=1533 CHY-ST-ZP Atlanta, GA 30305=1533 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 Statute further certify that the information understand on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath;	1					mit beedstat bet		
STREET ADDRESS Atlanta, GA 30305=1533 Other Common		·	DELETE			Director		hange Addition
53 STREET ADDRESS 54 CITY - ST - ZP At lanta, GA 30305=1533 Change & Addit NAME STREET ADDRESS S4 CITY - ST - ZP At lanta, GA 30305=1533 Change & Addit Director Change & Addit Darrell O. Grimes S1801 ADDRESS S25 Piedmont Rd., Bldg. 8, Ste. 600 Change & Addit Addit Change & Addit Addit Change & Addit Addit Change & Addit Addit Change & Addit Ch	NAME			5.2 NAM		. //		
STREET ADDRESS City: ST. ZiP Atlanta, GA 30305=1533 Change C Addit Director Darrell O. Grimes 3525 Piednont Rd., Bldg. 8, Ste. 600 Atlanta, 3A 30305=1533 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 understand or this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath;	STREET ADMINESS			5.3 STAE			e. 8. St	e. 600
DELETE 61 THE 62 NAME Darrell O. Grimes SIRELE ADDRESS 63 SIRELE ADDRESS 64 CHY-SI-ZP AT January 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 or 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 or decided on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath;	CÚÝ STZIE			5.4 CITY				
NAME SIRPLE ADDRESS GOVERNME 63 STABLET ADDRESS 64 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information understand on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if the same legal effect as if the same legal ef	TITLE		☐ DELETE	61 TITLE		•		hange & Addition
63 SIRELI ADDRESS 64 CITY-ST-ZIP 14. If the hereby centry 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 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 unpriced with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information unpriced with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(iii), Florida Statutes.	NAME				E			
64 CITY-ST-ZIP At lanta 3A 30305_1533 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information understand 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 path; if	STREET ADORESS				ET ADDRESS	3525 Piednont Rd., Bld	g. 8, St	e. 600
information incleated on this arinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if	GRY-SL ZIF	by position that they independ on a consider	d with this file a days not ass	6.4 City	-ST-ZiP	Atlanta, 3A 30305-1533	o Ususharaca	further the
	intormatio	en indicated on this annual report or s	supplemental annual report is	strue and ac	curate and th	hat my signature shall have the same lega	il effect as if ma	ade under oath; tha

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

(404) 842-5600

FILED

Mar 24 1997 8:00am

Secretary of State

Daytime Phane #

CR2E034 (9/96