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FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000058787 (1)

1. Corporation Name
ECLIPSE HEALTHCARE, INC.



Principal Place of Business: 7020 CHIPPEWA ST. ST. LOUIS MO 63119
Mailing Address: 150 N. MARAMEC 5TH FLOOR CLAYTON MO 63105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/18/1993

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number (59-3196515) and 5. Certificate of Status Desired (\$8.75 Additional Fee Required) and 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees).

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND RD., PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 reinstating) DATE

12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Table with columns for Title, Name, Street Address, City-ST-ZIP and checkboxes for Delete, Change, 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: *Kathleen Serafin* 1/19/98

CR2E034 (10/97)