

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000067002 (1)

1. Corporation Name
HEALTHCARE PARTNERS UNLIMITED, INC.



Principal Place of Business: 5341 CITRUS BLVD. APT 371. BLDG L RIVER RIDGE LA 70123
Mailing Address: 5341 CITRUS BLVD. APT 371. BLDG L RIVER RIDGE LA 70123-6163

3. Date Incorporated or Qualified: 08/08/1996
3a. Date of Last Report
4. FEI Number: 72-1332142
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [x]

9. Name and Address of Current Registered Agent

HARTMAN, ERNEST
1806 N. 42 AVE.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE: President
1.2 NAME: JOHN R. KOWALSKI
1.3 STREET ADDRESS: 5341 CITRUS BLVD. #1371
1.4 CITY-ST-ZIP: RIVER RIDGE LA 70123
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

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: John R. Kowalski
1/18/97 504-734-9294
Date Daytime Phone

CR2E034 (9/96)