

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90074 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000017348

1. Corporation Name
CENTRAL FLORIDA CLINICAL SERVICES, INC.



Principal Place of Business
 601 N NEW YORK AVE
 101
 WINTER PARK FL 32789
 US

Mailing Address
 POST OFFICE BOX 12277
 LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 27 1173 Old Dixie Highway
 Suite, Apt. #, etc.
 22 Suite B
 City & State
 23 Lake Park, FL.
 Zip Country
 24 33403 25 USA

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
 02/20/1997

4. FEI Number
 65-0811217

5. Certificate of Status Desired Applied For
 Not Applicable \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 STILL, JOSEPH K JR.
 500 AUSTRALIAN AVENUE SOUTH, SUITE 600
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box: Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 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 _____ DATE _____
 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDDY, TILLMAN L	
STREET ADDRESS	1524 39TH ST	
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, ROBERT C	
STREET ADDRESS	5619 N BAY RD	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	STURROCK, ALICE	
STREET ADDRESS	321 E WEBSTER AVE	
CITY-ST-ZIP	WINTER PK FL 32789	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, WILLIAM REEVES	
STREET ADDRESS	1173 OLD DIXIE HWY STE B	
CITY-ST-ZIP	LAKE PARK FL 33403	
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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDDY, Tillman L.	
1.3 STREET ADDRESS	No Change	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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, with all other like empowerers.

SIGNATURE: Wm. Reeves King Apr. 23, 1999 561-863-4750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)