FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000005322 (3)**

1. Corporation Name

THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
148 WEST STATE STREET SUITE 100 KENNETT SQUARE PA 19348	148 WEST STATE STREET SUITE 100 KENNETT SQUARE PA 19348 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/22/1993**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **23-2739587** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CB~~	☐ DELETE	11 TITLE	D, C, CEO	☒ Change ☐ Addition
NAME	WALKER, MICHAEL R		12 NAME		
STREET ADDRESS	148 WEST SQUARE, SUITE 100		13 STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HOWARD, RICHARD R		22 NAME		
STREET ADDRESS	148 WEST STATE STREET, SUITE 100		23 STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE	V, CFO	☒ Change ☐ Addition
NAME	HAGER, GEORGE V JR		32 NAME		
STREET ADDRESS	148 WEST STATE STREET, SUITE 100		33 STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA		34 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	41 TITLE	T	☐ Change ☒ Addition
NAME	HOCH, LEWIS J COUNSEL		42 NAME	KENNETH R. KUHNLE	
STREET ADDRESS	148 WEST STATE STREET, SUITE 100		43 STREET ADDRESS	148 W STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA		44 CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE	S	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	GUBERNICK, IRA C		52 NAME		
STREET ADDRESS	148 WEST STATE STREET, SUITE 100		53 STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE PA 19348		54 CITY-ST-ZIP		
TITLE	P	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SIMPKINS, NORMAN		62 NAME		
STREET ADDRESS	515 FAIRMONT AVE., STE. 800		63 STREET ADDRESS		
CITY-ST-ZIP	TOWSON MD		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1-17-96 (610)444-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)