SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

APPROVED AND FILED

94 JUL 15 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33866** **(9)**

1. Corporation Name
NATIONS HEALTHCARE OF TAMPA BAY, INC.

Mailing Address
~~31938 U.S. HWY 19 NORTH~~
~~PALM HARBOR FL 34684~~

Principal Place of Business
31938 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 500 Sugar Mill Rd.
Suite, Apt. #, etc.
22 Suite 170-A
City & State
23 Atlanta, GA
Zip 24 340350 Country 25 USA

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0111970
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~ROGERS, JAMES C.~~
~~C/O INFUSION THERAPIES, INC.~~
~~450 NO. LAKEMONT AVE.~~
~~WINTER PARK FL 32792~~

10. Name and Address of New Registered Agent

81 Name: Donald C. Stadelli
82 Street Address (P.O. Box Number is Not Acceptable): 31938 U.S. Highway 19 North
83
84 City: Palm Harbor FL 85 Zip Code: 34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Donald C. Stadelli 7/4/94
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94	
11 TITLE	V/P	11 TITLE	VP/C.F.O.
12 NAME	~~STEPHENS PATRICIA~~	12 NAME	Donald C.Stadelli
13 STREET ADDRESS	~~31938 US HWY 19 NO.~~	13 STREET ADDRESS	500 Sugar Mill Rd., Suite 170-A
14 CITY-ST-ZIP	~~PALM HARBOR FL~~	14 CITY-ST-ZIP	Atlanta, GA 30350
21 TITLE	D	21 TITLE	
22 NAME	BUTTE, ANTHONY J.	22 NAME	
23 STREET ADDRESS	450 NO. LAKEMONT AVE.	23 STREET ADDRESS	500 Sugar Mill Rd., Suite 170-A
24 CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	Atlanta, GA 30350
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an arrow.

SIGNATURE: Donald C. Stadelli 6/13/94 404-518-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone