SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
AMOUNT DUE ON OR BEFORE 8/7/96 $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE $375)

APPROVED
AND
FILED

1996 APR 10 AM 11: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996

DOCUMENT # L33866 (9)

NATIONS HEALTHCARE OF TAMPA BAY, INC.

6408 N. ARMENIA AVENUE
SOUTH SUITE
TAMPA, FL 33604

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202

12-05-1989

05-01-1995

65-0111970

$8.75

$5.00

6408 N. ARMENIA AVENUE
SOUTH SUITE
TAMPA, FL
33604 U.S

CHARLIE LAGER
5525 ROOSEVELT BLVD.
JACKSONVILLE, FL 32244

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE FL 32244

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

$ Deposited By Bank

4/5/96

SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
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APPROVED AND FILED
1996 APR 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

DOCUMENT # L33866 (9)

1. NATIONS HEALTHCARE OF TAMPA BAY, INC.

6408 N. ARMENIA AVENUE
SOUTH SUITE
TAMPA, FL 33604

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202

12-05-1989
05-01-1995

2.

21 6408 N. ARMENIA AVENUE
22 SOUTH SUITE
23 TAMPA, FL
24 33604 25 U.S

65-0111970

$8.75

$5.00

X

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD.
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 CHARLIE LAGER
82 5525 ROOSEVELT BLVD
84 JACKSONVILLE FL 85 32244

11.

12.

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

13

P X
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202 X

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

$ Deposited by Bank

KSD 4/5/96

14.

SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
1996 APR 10 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L33866 (9)

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

Principal Place of Business
6408 N. ARMENIA AVENUE
SOUTH SUITE
TAMPA, FL 33604

Mailing Address
1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202

3. Date Incorporated or Qualified: 12-05-1989
3a. Date of Last Report: 05-01-1995

2. Principal Place of Business
21 6408 N. ARMENIA AVENUE
Suite, Apt. #, etc.
22 SOUTH SUITE
City & State
23 TAMPA, FL
Zip
24 33604
Country
25 U.S.

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

4. FEI Number: 65-0111970
Applied For
Not Applicable

$8.75 Additional Fee Required

5. Certificate of Status Desired [ ]

6. Election Campaign Financing Trust Fund Contribution [ ]

$5.00 May Be Added to Fees

8. This corporation is ... Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CHARLIE LAGER
5525 ROOSEVELT BLVD.
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent
81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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]

12. OFFICERS AND DIRECTORS

Field		
TITLE	P	[ ] DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[ ] DELETE
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field		
1 TITLE	P	[X] Change [ ] Add
1 NAME	BOB WOOD	
1 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
1 CITY-ST-ZIP	ALPHARETTA, GA 30202	
2 TITLE	V	[X] Change [ ] Add
2 NAME	CHARLIE LAGER	
2 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
2 CITY-ST-ZIP	ALPHARETTA, GA 30202	
3 TITLE		[ ] Change [ ] Add
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Add
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Add
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		
6 NAME		
6 STREET ADDRESS	Deposited by Bank	
6 CITY-ST-ZIP		

4/6/96

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in ... Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # V52513 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business	Mailing Address
5435 SEVENTY-SEVEN CENTER DR SUITE 40 CHARLOTTE, NC 28217	1000 MANSELL EXCHANGE WEST SUITE 230 ALPHARETTA, GA 30202

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 05-01-1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2004301 ☐ 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

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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: Y — 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BOB WOOD		1.2 NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST STE 230		1.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202		1.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CHARLIE LAGER		2.2 NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230		2.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202		2.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	Deposited by Bank 4/16/96	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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