

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000021547 (2)**

1. Corporation Name  
**JOHN ALDEN NEIGHBORHOOD HEALTH CORPORATION**



Principal Place of Business  
**7300 CORPORATE CENTER DRIVE  
MIAMI FL 33126**

Mailing Address  
**P.O. BOX 020270  
STE. 7B28  
MIAMI FL 33102-0270  
US**

3. Date Incorporated or Qualified **03/21/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26 **P.O. Box 020270**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29

4. FEI Number **65-0478869** 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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, GLENDON E</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSENBERGER, ROGER L</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALDWELL, BRUCE L</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>ASSOFSY, MARVIN H</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WILKINS, WILLIAM S</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>REACH, GARY M</b>	
STREET ADDRESS	<b>7300 CORPORATE CENTER DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
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	<b>D/P</b>	<input checked="" 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 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: *Sandy M. Nel* **VICE PRESIDENT** **4/16/96** **305/715/3263**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone

CR2E034 (12/95)

**John Alden Neighborhood Health Corporation**

01/11/1996

Incorporated : Florida  
Inc. Date : 03/21/94  
Federal ID # : 65-0478869

**DIRECTORS:**

Glendon Elwood Johnson	Chairman of the Board
Marvin Harry Assofsky	Director
William H. Mauk, Jr.	Director
Scott Lewis Stanton	Director
William Stanley Wilkins	Director

**OFFICERS:**

William H. Mauk, Jr.	President & Chief Executive Officer
Michael Page Andersen	Sr. Vice President, Assistant General Counsel & Assistant Secretary
Marvin Harry Assofsky	Sr. Vice President & Chief Investment Officer
Kerry Dale Clemmons	Sr. Vice President - Human Resources & Corporate Development
Glen Arthur Spence	Sr. Vice President - Finance & Accounting
Scott Lewis Stanton	Sr. Vice President & Chief Financial Officer
Anne Virginia Wardlow	Sr. Vice President, General Counsel & Secretary
William Stanley Wilkins	Sr. Vice President - John Alden Systems
Milford Lewis Middelstaedt, Jr.	Vice President, Assistant General Counsel & Assistant Secretary
William George Piel	Vice President & Treasurer
Gary Michael Reach	Vice President - Planning & Taxation
Steven Randall Walker	Vice President - Corporate & External Affairs

**CAPITAL STOCK:**

**Common**

Price/Par Value: 1.00

Authorized: 1,000  
 Issued: 1,000  
 Outstanding: 1,000  
 # in Treasury: 0

**Current Owner(s)**  
JA Services, Inc.

<b><u># Shares</u></b>	<b><u>From</u></b>
1,000	03/23/1994

The mailing address for the above officers & directors is:  
7300 Corporate Center Drive  
P.O. Box 020270 (7B28)  
Miami, FL 33102-0270