FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056781 (5)

1. HEALTH CARE ADVISORS, INC.

Principal Office	Mailing Address
13031 HUNT CLUB RD JACKSONVILLE FL 32224	13031 HUNT CLUB RD JACKSONVILLE FL 32224

PLEASE TYPE IN THIS SPACE

3. Current Principal Place of Business: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7960 ARLINGTON EXPRESSWAY
22: Suite 220
23: JACKSONVILLE FL
24: 32211
25: USA

2a. Mailing Address
26: 7960 ARLINGTON EXPRESSWAY
27: Suite 220
28: JACKSONVILLE FL
29: 32211
30: USA

4. FEI Number: 59-3256756 — 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. Is this corporation filing for the first time under Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ENGELBRECHT, CHARLES W
13031 HUNT CLUB RD
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

91 Name: Charles W. Engelbrecht
92 Street Address (P.O. Box Number is Not Acceptable): 7960 ARLINGTON EXPRESSWAY
93: Suite 220
94 City: JACKSONVILLE — 95 State: FL — 96 Zip Code: 32211

11. I hereby certify that the principal place of business listed above is the actual principal place of business of the corporation and the address of the registered office is the actual registered office of the corporation. I further certify that the corporation is familiar with and accepts the obligations of its position as registered agent under Florida Statutes.

SIGNATURE

12. CURRENT OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TYPE	NAME AND ADDRESS	CHANGE / ADDITION
P/V/T/S	Charles W Engelbrecht 13031 Hunt Club Rd Jacksonville, FL 32224	☐ Change ☒ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that this report is executed in accordance with the requirements of Section 607.1622, Florida Statutes. I further certify that I am familiar with and authorized to execute this report on behalf of the corporation and that the electronic signature shown below is made by me with intent to sign the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: Charles W Engelbrecht — 4/28/95 — 904-725-0081

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0023787 CP