

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 AM 8:51

TALLAHASSEE, FLORIDA

DOCUMENT # **479376** (6)

NATIONAL HEALTH CARE SYSTEMS OF FLORIDA, INC.

Principal Office of Business: 8130 BAYMEADOWS WAY W., #200
P. O. BOX 17577
JACKSONVILLE FL 32245
US

Mailing Address: 8130 BAYMEADOWS WAY W., #200
P. O. BOX 17577
JACKSONVILLE FL 32245
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **06/20/1975**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-1597007**
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for interstate tax under S. 194.032 Florida Statutes: ☐ Yes ☒ No

2. Principal Office of Business: 21. State: Apt # etc.
2a. Mailing Address: 26. State: Apt # etc.
22. City, State: 27. City & State
23. City, State: 28. City, State
24. City, State: 25. City, State: 29. City, State: 30. City, State

9. Name and Address of Current Registered Agent
ALEKNA, STANLEY A.
8130 BAYMEADOWS WAY W.
STE. 200
JACKSONVILLE FL 32256-4450

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number or Not Acceptable):
83. City:
84. City:
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment as registered agent, I am authorized, and accept the qualifications of Section 607.04(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: D RHINES, PAUL 2750 FIRST AVE., N.E. CEDAR RAPIDS VA	<i>Delete</i>	1. NAME: Director Ormond L. Bentley 2801 Highway 280 Birmingham, AL 35223	☐ Change ☒ Addition
NAME: D KUK, ROBERT L 55 WESTPORT PLAZA, #575 ST. LOUIS MO	<i>Delete</i>	2. NAME: Director DAN L. Bentley 2801 Highway 280 Birmingham, AL 35223	☐ Change ☒ Addition
NAME: CD BRUNS, THOMAS 3180 YATTIKA PL. LONGWOOD FL	<i>Delete</i>		☐ Change ☐ Addition
NAME: D WILLIAMS, ROBERT V 339 SAN JUAN DRIVE PONTE VEDRA FL	<i>Delete</i>		☐ Change ☐ Addition
NAME: PD ALEKNA, STANLEY A. 724 OCEANFRONT DRIVE NEPTUNE BCH. FL			☐ Change ☐ Addition
NAME: ST COOK, MARK E. 1027 SORRENTO RD. JACKSONVILLE FL			☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 114.03(2) of the Florida Statutes. Further, I certify that the information is filed on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am eligible to be director of this corporation or that my officer or registered agent is qualified to exercise the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Mark E. Cook* **Mark E. Cook**
Signature and Typed or Printed Name of Signing Officer or Director
Contact: *Wayne Newbern, Controller* **Wayne Newbern, Controller**
6-1-95 904-731-1870
0407444 FP