FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **479376** **(6)**

1. Corporation Name

NATIONAL HEALTH CARE SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8130 BAYMEADOWS WAY W., #200 P. O. BOX 17577 JACKSONVILLE FL 32245 US	8130 BAYMEADOWS WAY W., #200 P. O. BOX 17577 JACKSONVILLE FL 32245 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **06/20/1975**

3a. Date of Last Report: **06/21/1995**

4. FEI Number: **59-1597007** ☐ 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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, ORMOND L		1.2 NAME		
STREET ADDRESS	2801 HIGHWAY 280		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35223		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, DAN L		2.2 NAME		
STREET ADDRESS	2801 HIGHWAY 280		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35223		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ALEKNA, STANLEY A.		3.2 NAME		
STREET ADDRESS	724 OCEANFRONT DRIVE		3.3 STREET ADDRESS	4724 KERNAN MILL LANE EAST	
CITY-ST-ZIP	NEPTUNE BCH. FL		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	ST	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	COOK, MARK E.		4.2 NAME		
STREET ADDRESS	1027 SORRENTO RD.		4.3 STREET ADDRESS	12217 LASHBROOK COURT	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: X _____ **FEB 0 1 1996** 904-731-1870

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

Mark Cook