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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
4130 BAYMEADOWS WAY W., #200 JACKSONVILLE FL 32256 US	4130 BAYMEADOWS WAY W., #200 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 06/20/1975
3a. Date of Last Report: 02/08/1996

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL

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
Signature, typed or printed name of registered agent and title if applicable.

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	4724 KERNAN MILL LANE EAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	COOK, MARK E.		4.2 NAME	LONG, DEBORAH J.	
STREET ADDRESS	12217 LASHBROOK COURT		4.3 STREET ADDRESS	2801 HWY 280 SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
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 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] STAN A. ALEKNA 4/28/97 (904) 731-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0513901