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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1975

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BENTLEY, ORMOND L
STREET ADDRESS 2801 HIGHWAY 280
CITY-ST-ZIP BIRMINGHAM AL 35223 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BENTLEY, DAN L
STREET ADDRESS 2801 HIGHWAY 280
CITY-ST-ZIP BIRMINGHAM AL 35223 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME ALEKNA, STANLEY A.
STREET ADDRESS 4724 KERNAN MILL LANE EAST
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

3.1 TITLE PD
3.2 NAME GLENN KOLLEN
3.3 STREET ADDRESS 8130 BAYMEADOWS WAY W 200
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Change ☒ Addition

TITLE S
NAME LONG, DEBORAH J.
STREET ADDRESS 2801 HWY 280 SOUTH
CITY-ST-ZIP BIRMINGHAM AL 35223 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE TREASURER
5.2 NAME JERRY W DEFOOR
5.3 STREET ADDRESS 2801 HWY 280 SOUTH
5.4 CITY-ST-ZIP BIRMINGHAM, AL 35223 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

CR2E034 (10/97)