2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # 479376** 1. Entity Name NATIONAL HEALTH CARE SYSTEMS OF FLORIDA, INC. 04-05-2000 90059 018 ***150.00 Principal Place of Business Mailing Address 4130 BAYMEADOWS WAY W., #200 4130 8AYMEADOWS WAY W.. #200 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address 2801 Hwy 280 S. 2801 Hwy 280 S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1597007 Birmingham, AL Birmingham, AL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 35223 US. 35223 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporation Service Company C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL Tallahassee Zip Code 32301 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE D ☐ Defete TITLE NAME BENTLEY, DAN L NAME STREET ADDRESS STREET ADDRESS 2801 HIGHWAY 280 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** √ Change ☐ Addition PD **★** Delete TITLE Pres/COO TITLE NAME NAME Kollen, G Peter R. Barnett, DMD STREET ADDRESS STREET ADDRESS 8130 BAYMEADOWS WAY W 200 13601 Preston Road, Suite 500 E CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Dallas, TX 75240 Change ☐ Addition ☐ Delete TITLE TITLE LONG, DEBORAH J. NAME NAME STREET ADDRESS STREET ADDRESS 2801 HWY 280 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME DEFOOR, J W STREET ADDRESS STREET ADDRESS 2801 HWY 280 S CITY-ST-7IP CITY-ST-ZIP **BIRMINGHAM AL 35223** □ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Eugene A. Beatty, Asst. Secretary

205/868-3013

Daytime Phone #