FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO	Cl	JME	NT	#

1. Entity Name

National Health Care Systems of Florida, Inc.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE 100022546791 08/25/03--01007--031 **550.00 2. Principal Place of Business 3. Mailing Address 2801 Highway 280, South 2801 Highway 280, South Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (Legal Department) City & State City & State 4. FEI Number Applied For 59-1597007 Birmingham, AL Birmingham, AL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 35223 35223 USA USA Fee Required 7. Name and Address of Current Registered Agent **CT Corporation System** DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1200 South Pine Island Road City Plantation 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, I am familiar with, and accept the obligations of registered agent January 1 - May 1, Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. THLE 📝 TITLE President & Director - Jim E. Massengale NAME 2801 Highway 280, South STREET ADDRESS STREET ADDRESS Birmingham, AL 35223 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Secretary - D. Wayne Hall NAME, NAME 2801 Highway 280, SOuth STREET ADDRESS STREET ADDRESS Birmingham, AL 35223 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Treasurer - Jerry W. DeFoor NAME 2801 Highway 280, South STREET ADDRESS STREET ADDRESS DO NOT WRITE Birmingham, AL 35223 CITY-ST-ZIP CITY-ST-ZIP TITLE ÎITI F IN THIS SPACE Assistant Secretary - Harriette T. Hyche NAME : NAME 2801 Highway 280, South STREET ADDRESS STREET ADDRESS Birmingham, AL 35223 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE (Const Assistant Secretary - Eugene A. Beatty NAME . .

I hereby certify that the information supplied with this filling 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 10 or on an attachment with an address,

NAME.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST:ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

2801 Highway 280, South

Birmingham, AL 35223

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/

CR2E034B (12/02)