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

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # **538644** **(6)**

1. Corporation Name

HEALTH AMERICA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
407 N. HERNANDO ST. LAKE CITY FL 32055 US	P. O. BOX 110 LAKE CITY FL 32056 US

3. Date Incorporated or Qualified: **07/05/1977**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 9303 NW 143rd Street
22: Suite, Apt. #, etc.
23: City & State: Alachua, FL
24: Zip: 32615
25: Country: Alachua

2a. Mailing Address
26: Post Office Box 940
27: Suite, Apt. #, etc.
28: City & State: Alachua, FL
29: Zip: 32616-0940
30: Country: Alachua

4. FEI Number: **59-1771261** ☐ 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

RAMADAN, A M MD
407 N. HERNANDO STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 9303 NW 143rd Street
83:
84 City: Alachua **FL** 85 Zip Code: 32615

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, Type or Print Name of Registered Agent) (NOTE: Registered Agent's signature required where indicated above) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RAMADAN, A M MD		1.2 NAME		
STREET ADDRESS	407 N. HERNANDO STREET		1.3 STREET ADDRESS	9303 NW 143rd Street	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE	TSD	☐ DELETE	2.1 TITLE	VP,S,T,D	☒ Change ☐ Addition
NAME	EVANS, REBECCA G.		2.2 NAME		
STREET ADDRESS	407 N. HERNANDO STREET		2.3 STREET ADDRESS	9303 NW 143rd Street	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

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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: Rebecca G. Evans — Rebecca G. Evans — 05/01/96 — (904) 462-4375

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