FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

5-1-95 B-5018

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 591099 (7)

1. Corporation Name

ERA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O.BOX 2974 4900 COLLEGE BLVD OVERLAND PARK KS 66211	P.O.BOX 2974 4900 COLLEGE BLVD OVERLAND PARK KS 66211

3. Date Incorporated or Qualified: 10/25/1978

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 48-0879232 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GOULET, VICTOR N.	12 NAME	
STREET ADDRESS	4900 COLLEGE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	DI BENEDETTO, ANTHONY R.	22 NAME	
STREET ADDRESS	4900 COLLEGE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	GOULETAS, STEVEN	32 NAME	P Joseph M. Fiorella
STREET ADDRESS	4900 COLLEGE BLVD.	33 STREET ADDRESS	same
CITY-ST-ZIP	OVERLAND PARK KS	34 CITY-ST-ZIP	
TITLE	VAT	41 TITLE	☐ Change ☐ Addition
NAME	PURCELL, ROBERT H.	42 NAME	
STREET ADDRESS	4900 COLLEGE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	44 CITY-ST-ZIP	
TITLE	VPT	51 TITLE	☐ Change ☐ Addition
NAME	PETERSON, BRIAN K	52 NAME	
STREET ADDRESS	4900 COLLEGE BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	BROWN, SUE A	62 NAME	
STREET ADDRESS	4900 COLLEGE BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	64 CITY-ST-ZIP	

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: Sue Brown, Sue Brown 4/24/95 913-491-1000

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

0477784 FP