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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 665341 (4)

1. Corporation Name

APALACHICOLA HEALTH CARE CENTER, INC.

Principal Place of Business	Mailing Address
~~150 10th St.~~ ~~150 9TH ST~~ APALACHICOLA FL 32320 US	~~49 MARKET ST~~ PO DRAWER 70 APALACHICOLA FL 32320 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/25/1980	02/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26 82 6th STREET
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 P.O. Drawer 70
City & State 23	City & State 28 Apalachicola, FL 32320
Zip / County 24 / 25	Zip / Country 29 32320 / 30 U.S.A.

4. FEI Number	Applied For / Not Applicable
59-1997503	

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~OTWELL, TERRY~~ ~~49 MARKET ST~~ APALACHICOLA FL 32320	81 Name: DEBORAH COOPER 82 Street Address (P.O. Box Number is Not Acceptable): 259 Prado 83: APALACHICOLA, FL 32320 84 City: APALACHICOLA, FL 85 Zip Code: 32320

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: Deborah Cooper — 5-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	President ☒ Change ☐ Addition
NAME	STEWART, HAROLD L.	12 NAME	Harold L. Stewart
STREET ADDRESS	3126 THOMASVILLE RD.	13 STREET ADDRESS	131 N. BAYSHORE DR
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	STEWART, DEBRA	22 NAME	
STREET ADDRESS	131 N. BAYSHORE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARMER, DONALD R.	32 NAME	
STREET ADDRESS	350 MERCEDES AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, RICHARD	42 NAME	
STREET ADDRESS	4029 HWY 90	43 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Harold L. Stewart — 4/11/95 — 904 653-5080
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0009242 CP