FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712673 (3)

1. Corporation Name

HEALTH FACILITIES RESEARCH, INC.

Principal Place of Business	Mailing Address
2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952-5132	2885 TAMIAMI TRAIL PORT CHARLOTTE FL 33952-5132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1967
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-6202096 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

REILLY, CARL N.
2885 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

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 607.1608, 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	PSD	1.1 TITLE	PSD ☐ Change ☒ Addition
NAME	REILLY,CARL N.	1.2 NAME	Walter Carlin PhD
STREET ADDRESS	2885 TAMIAMI TR	1.3 STREET ADDRESS	2885 Tamiami Drive
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte Fl
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR,LAURA JANE	2.2 NAME	
STREET ADDRESS	2885 TAMIAMI TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, JACINTO	3.2 NAME	
STREET ADDRESS	2885 TAMIAMI TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SERENTILL, LUIS	4.2 NAME	
STREET ADDRESS	2885 TAMIAMI TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Reilly

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl N. Reilly MD 5/04/95 (813)-625-3036
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carl N. Reilly M.D

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712673

Carl N. Reilly, M.D., President
Health Facilities Research, Inc. (941) 625-3036
2885 Tamiami Trail Fax (941) 625-5719
Port Charlotte, FL 33952

Florida Department of State
ANNUAL REPORTS SECTION

SUBJECT: HEALTH FACILITIES RESEARCH, INC.
Ref. Number: 712673

June 7, 1995

HEALTH FACILITIES RESEARCH, INC. has a 501 (C) (3) status .

We have had this status with the Internal Revenue Service for at least fifteen years.

Therefore I am returning the papers with your letter. It is my understanding from your letter and the instruction sheet that my fee should be $61.25 plus $8.75 for a certificate of status. If this is not correct, please notify me.

Thank you for your help in this matter.

Yours,

Carl N Reilly

Carl N. Reilly, M. D.

CNR/ljr