735034

corp-32

NP # 735034

000298533100

DAYTONA BEACH HEALTH AUTHORITY, INC.

(X) New Corporation ( ) Reincorporation ( ) Amendment (§617.03)

Filed: Feb. 24, 1976 PRINCIPAL OFFICE:
DAYTONA BEACH, FLA.

2/24/76 (nw)

A-660

NAME Frederick B Karl

ADDRESS P.O. Drawer 229

CITY Tallahassee STATE Fl ZIP CODE 32304

AREA CODE & PHONE NUMBER 904-224-2546

Daytona Beach Health Authority Inc
(NAME OF CORPORATION)

735034

FILED
FEB 24 11 PM 1976
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

FOR OFFICE USE ONLY

FEB 24 76 ****3.00
FEB 24 76 ****5.00
SEARCH ****30.00

___ DOMESTIC	___ AMENDMENT	___ SEARCH
___ FOREIGN	___ DISSOLUTION	___ MERGER
___ PROFIT	___ REINSTATEMENT	___ MARK
✓ NON-PROFIT	___ ANNUAL REPORT	___ RESERVATION
___ LIMITED PARTNERSHIP	___ CERTIFICATE UNDER SEAL	✓ CERTIFIED COPY

CC 2/24/76
12T

CHECK 30
C COPY 5
TOTAL 35.00
BALANCE DUE
REFUND

PICKED UP

CORP. 76
1/1/76

APPROVED
AND
FILED

FEB 24 4 11 PM 1976

CORPORATION DIVISION
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT DAYTONA BEACH HEALTH AUTHORITY, INC.
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF DAYTONA BEACH,
(CITY)

STATE OF FLORIDA, HAS NAMED FREDERICK B. KARL,
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 315 CALHOUN STREET, SUITE 340, BARNETT BANK BUILDING,
(STREET ADDRESS AND NUMBER OF BUILDING,
POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF TALLAHASSEE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
(CITY)

SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Frederick B. Karl
(CORPORATE OFFICER)

TITLE ATTORNEY FOR CORPORATION

DATE FEBRUARY 24, 1976

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Frederick B. Karl
(RESIDENT AGENT)

DATE FEBRUARY 24, 1976

CORP. 25
1/1/76

ARTICLES OF INCORPORATION

OF

DAYTONA BEACH HEALTH AUTHORITY, INC.
(a non-profit corporation)

We, the undersigned, do hereby associate ourselves together for the purpose of forming and becoming a corporation not-for-profit under the following certificate of incorporation:

ARTICLE I
CORPORATE NAME

The name of this corporation shall be: DAYTONA BEACH HEALTH AUTHORITY, INC. The principal office of the corporation shall be located in the City of Daytona Beach, Florida.

ARTICLE II
CHARITABLE PURPOSE

WHEREAS, there exists a need within the territorial limits of the City of Daytona Beach, Florida, hereinafter called the "City," for health facilities where persons may be cared for and convalesce from the effects of illness and injury and the infirmities of age, and such need has been certified by the state agency having jurisdiction in such matters; and

WHEREAS, the City is desirous of participating in arrangements whereby such facilities may be made available to its citizens and inhabitants in order to add to their health, security, happiness, usefulness and longer lives:

This corporation is formed on behalf of the City for the purpose of acquiring health facilities of all kinds, and facilities related thereto, to meet the physical, social and psychological needs of the citizens and inhabitants of the State of Florida, particularly those of the City, and to add to their health, security, happiness, usefulness and longer lives, and for the purpose of financing such facilities and making provision for the transfer of all right, title and interest in such facilities to the City upon retirement of the indebtedness incurred by this corporation to finance such acquisition.

ARTICLE III
CORPORATE POWERS

This corporation shall have all the rights, privileges, authority, powers and immunities available to corporations not-for-profit under the Laws of the State of Florida and, without limiting the generality of the foregoing, it shall be empowered by such Laws as follows:

A. To plan, construct, lease, operate, maintain and improve health facilities of all kinds and related facilities and services, including without limiting the generality of such statement, any one or more or combination of hospitals, clinics, nursing and convalescent and retirement homes and facilities for rehabilitation, therapy and recreation, for the purpose of providing any and every type of medical, surgical, dental, therapeutic and psychiatric service, with appurtenant facilities and services including, without limiting the generality thereof, restaurants, cafeterias and food facilities of all kinds, facilities for the sale of drugs, medical supplies, cosmetics and sundries, barber and beauty shops, laundries and dry cleaning facilities, steam and sauna facilities, swimming pools, gymnasiums, libraries and all facilities reasonably related thereto or convenient therefor.

B. To acquire by gift or purchase, or lease, any property, real or personal, necessary or incidental to the provision of health facilities of all kinds and related facilities.

C. With the consent of the City, to sell, convey, assign, pledge, mortgage or otherwise encumber any of the corporation's property, real or personal.

D. To borrow money and make and issue negotiable and non-negotiable notes, bonds, certificates, debentures and other evidences of indebtedness or obligations which shall be authorized by resolution of the Board of Trustees of the corporation and approved by the City, which may bear such date or dates, mature at such time or times, bear interest at such rate or rates not exceeding the legal rate, be in such denomination and form, and be entitled to such priority and lien on the real and personal

property of the corporation and the revenues, rates, fees, rentals or other charges or receipts of the corporation as such resolution or any resolution subsequent thereto may provide. The obligations and any coupons attached thereto shall be executed either by the manual or facsimile signatures of such officers of the corporation as the Board of Trustees shall determine. Such obligations may be sold at either public or private sale at such price and under such conditions as the Board of Trustees of the corporation may determine and the City approve, provided that the net interest cost shall not exceed the legal rate per annum.

E. To apply for, obtain and contract with any Federal agency for a direct loan or loans or other financial aid in the form of mortgage insurance, rent supplement or otherwise for the provision of health facilities of all kinds and related facilities and services for low-income families, elderly persons or others.

F. To engage in any kind of activity, and to enter into, perform and carry out contracts of any kind necessary or in connection with or incidental to the accomplishment of any one or more of the purposes of the corporation.

G. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law or (b) a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law. All of the assets and earnings of the corporation shall be used exclusively for the purposes hereinabove set out, including the payment of expenses incidental thereto. No part of the net earnings shall inure to the benefit of any individual.

ARTICLE IV
MEMBERSHIP

The members of the corporation shall be the subscribers to these Articles, and such other persons who may be approved for membership by the Board of Trustees, in such manner as may be prescribed by the By-Laws of this corporation. Should, for any reason, the corporation ever be without members, then the Senior Judge of the Circuit Court of Volusia County, Florida, shall name three (3) members who may thereafter elect other members.

ARTICLE V
SUBSCRIBERS

The names and addresses of the subscribers of these Articles and of the members of this corporation, are as follows: Gary E. Bullard, 514 North Halifax Avenue, Daytona Beach, Florida. H. C. Coleman, Jr., 415 Revilo Boulevard, Daytona Beach, Florida. Leonard M. Conner, 2 Peninsual Drive, Ormond Beach, Florida.

ARTICLE VI
TRUSTEES

The affairs and business of the corporation shall be managed by a Board of Trustees of not less than three (3) persons, the exact number of which shall be fixed by the Board of Trustees and set forth in the By-Laws of this corporation. The Board of Trustees shall be elected by the members, unless the By-Laws of the corporation shall provide that the membership shall constitute the Board. The Board shall elect officers of the corporation in accordance with the provisions of the By-Laws of the corporation. In the event of a vacancy on the Board by reason of death, resignation or otherwise, the Board shall be authorized to fill such vacancy, and if after a written request of any member of the corporation that such vacancy be filled, the Board fails or refuses the same for a period of ninety (90) days from the receipt of such notice, then the vacancy shall be filled by the members of the corporation.

The names and addresses of the first Board of Trustees are:

Gary E. Bullard, 2 Lynwood Lane, Ormond Beach, Florida, 32074; H. C. Coleman, Jr., 26 Lynwood Lane, Ormond Beach, Florida, 32074; and Leonard M. Conner, 721 South Beach Street, Daytona Beach, Florida, 32014.

ARTICLE VII
OFFICERS; REGISTERED AGENT AND REGISTERED OFFICE

The names of the officers who are to manage the affairs of the corporation until the first election of officers are: Gary E. Bullard, President; Leonard M. Conner, Secretary; H. C. Coleman, Jr., Treasurer.

The Registered Agent is Frederick B. Karl, Esquire. The Registered Office is Suite 340, Barnett Bank Building, 315 Calhoun Street, Post Office Drawer 229, Tallahassee, Florida, 32302.

ARTICLE VIII
BY-LAWS

The By-Laws of the coporation shall be made, altered or rescinded by a majority vote of the Board of Trustees at a meeting duly called in accordance with the By-Laws.

ARTICLE IX
CHARTER AMENDMENTS

Amendments to the Articles of Incorporation shall be proposed and adopted by a majority of the Board of Trustees at a meeting duly called in accordance with the By-Laws.

ARTICLE X
DISSOLUTION AND DISTRIBUTIONS

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to federal, state or local government for exclusive public purpose. Upon dissolution, the residual assets shall first be offered to the City. Should the City be unwilling or unable to accept any asset of the corporation for any reason whatsoever, then such asset shall be distributed to such other organization as shall qualify under the first sentence of this Article and as may be designated and

selected by the Circuit Court for Volusia County, Florida, or such other court or tribunal or agency as shall succeed to such Circuit Court's jurisdiction in such matters, to be used in such manner as in the judgment of the Court or its successor in jurisdiction will best accomplish the public and charitable purpose for which this corporation is organized. Under no circumstances shall any of the assets of the corporation, upon dissolution, be distributed to any subscriber, member, officer, Trustee or employee of the corporation.

ARTICLE XI
PERPETUAL EXISTENCE

This corporation shall have perpetual existence.

IN WITNESS WHEREOF, we, the undersigned, do hereby subscribe and acknowledge these Articles of Incorporation and accordingly have hereunto set our hands this 12th day of February 1976.

STATE OF FLORIDA
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Gary E. Bullard, to me known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida, this 17th day of February, 1976.

NOTARY PUBLIC
My commission expires:
Notary Public, State of Florida at Large
My Commission Expires Dec. 1, 1977
Bonded by American Fire & Casualty Co.

(Seal)

STATE OF FLORIDA
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Leonard M. Conner, to me known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida, this 17th day of February 1976.

NOTARY PUBLIC
My commission expires:
Notary Public, State of Florida at Large
My Commission Expires Dec. 1, 1977
Bonded by American Fire & Casualty Co.

(Seal)

STATE OF FLORIDA
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared H. C. Coleman, Jr., to be known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida this 17th day of February 1976.

NOTARY PUBLIC
My commission expires:
Notary Public, State of Florida at Large
My Commission Expires Dec. 1, 1977
Bonded by American Fire & Casualty Co.

(Seal)

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

BRUCE A. SMATHERS
SECRETARY OF STATE

February 24, 1976

TELEPHONE NUMBER
904/488-3140

Frederick B. Karl
315 Calhoun St.
Suite 340
Barnett Bank Bldg.
Tallahassee, Florida

NUMBER: 735034

SUBJECT: DAYTONA BEACH HEALTH AUTHORITY, INC.

THIS WILL ACKNOWLEDGE RECEIPT AND FILING OF THE FOLLOWING DOCUMENTS:

—x— 1. CHECK IN THE AMOUNT OF $ 38.00
—x— 2. ARTICLES OF INCORPORATION FILED 2/24/76
_____ 3. AMENDMENT TO ARTICLES OF INCORPORATION FILED
_____ 4. ARTICLES OF MERGER OR CONSOLIDATION FILED
_____ 5. CERTIFICATE OF WITHDRAWAL FILED
_____ 6. LIMITED PARTNERSHIP FILED
_____ 7. TRADEMARK APPLICATION FILED
_____ 8. APPLICATION FOR REGISTRATION OF FOREIGN CORPORATION NAME FILED

ENCLOSED:

—x— 1. CERTIFIED COPY(IES) 2/24/76
_____ 2. CERTIFICATE(S) UNDER SEA_
_____ 3. PHOTOCOPY(IES)
_____ 4. OTHER

SINCERELY,

Nettie F. Sims

NETTIE F. SIMS, CHIEF
BUREAU OF CORPORATION RECORDS

NFS/bt
ENCLOSURES:

CORP. 2
1/1/76

A-660 2-24

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE JAN-7 1977

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State

Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A $5 FEE.

APPROVED - JAN 31-77 1. 2153** ***** CC
AND
FILED
FEB 7 11 05 AM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:

735034 DAYTONA BEACH HEALTH AUTHORITY, INC.
SUITE 340, BARNETT BANK BLDG.
315 CALHOUN ST., P.O. DRAWER 229
TALLAHASSEE, FL. 32302

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	PRES	DIR	514 N. HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD H.		DIR	2 PENINSULA DR.	ORMOND BEACH, FL.
COLEMAN, W.C., JR.		DIR	415 KENILO BLVD.	DAYTONA BEACH, FL.

7. Registered Agent Information

Name: GALL, FREDERICK R., ESQ. | Street Address (Do NOT Use P.O. Box Number): 315 CALHOUN ST.
City, State and Zip Code: TALLAHASSEE, FL.

If you wish to change Registered Agent on this form, enter all new information here ▶

Name | Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Gary E. Bullard	President	904 252-5427
Signature: X Gary E Bullard		Date: 1-13-77

THIS REPORT MUST BE ACCOMPANIED BY THE $5 FEE

corp-32

ok

NP # 735034

DAYTONA BEACH HEALTH AUTHORITY, INC.

(X) New Corporation ( ) Reincorporation ( ) Amendment (§617.02)

Filed: Feb. 24, 1976 PRINCIPAL OFFICE: DAYTONA BEACH, FLA.

APPROVED
AND
FILED
Florida Dept of State
Corporations Division
Tallahassee, Florida

JUN 74

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1978

Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE (Form COR 620) 12-1-77

0.00

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

735034 DAYTONA BEACH HEALTH AUTHORITY, INC.,
SUITE 340, BARNETT BANK BLDG.
315 CALHOUN ST., P.O. DRAWER 229
TALLAHASSEE, FL, 32302

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		1977

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	DIR	X	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD H.	DIR		2 PENINSULA DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	DIR		419 REVILO BLVD.	DAYTONA BEACH, FL.

7. Registered Agent Information

Name: KARL, FREDERICK B., ESQ. | Street Address (Do NOT Use P.O. Box Number): 315 CALHOUN ST.
City, State and Zip Code: TALLAHASSEE, FL.

If you wish to change Registered Agent on this form, enter all new information here ▶

Name: Wright, Wilson W. | Street Address (Do NOT Use P.O. Box Number): 1217 S. Adams Street
City, State and Zip Code: Tallahassee, FL 32302

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Gary E. Bullard	President	601-948-6617
Signature: Gary E. Bullard		Date: 2-6-78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

Mar 15 12 4 9/5

STATE
DIVISION
TALLAHASSEE, FLORIDA

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office:

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
SUITE 340, BARNETT BANK BLDG.
315 CALHOUN ST., P.O. DRAWER 229
TALLAHASSEE, FL. 32302

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone Is NOT Sufficient.

Street Address: 502 NORTH ST.
P.O. Box No.: P.O. Box 3707
City: JACKSON
State: MISS. Zip Code: 39207

3. Date Incorporated or Qualified To Do Business in Florida: 2/24/1976

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	P/D	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD M.	D	2 PENINSUAL DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	D	415 REVILO BLVD.	DAYTONA BEACH, FL.

7. Registered Agent Information

Name: WRIGHT, WILSON A.
Street Address (Do NOT Use P.O. Box Number): 217 S. ADAMS ST.
City, State and Zip Code: TALLAHASSEE, FL. 32302

If you wish to change Registered Agent on this form, enter all new information below.

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

DO NOT WRITE IN THIS SPACE

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

5/16 GL

Typed Name of Signing Officer: Gary E. Bullard
Title:
Telephone Number:

Signature: Gary E Bullard
Date: 03-31-79 2/7/80 10.00

(Form COR 820) Rev. 10/25/78

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

B-1044

JAN 30 1980

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

ANN
FILED

JUN 30 1 01 PM 1980

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
502 NORTH ST.
P. O. BOX 3707
JACKSON, MS 39207

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 2/24/1976

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	P/D	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD M.	D	2 PENINSUAL DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	D	415 REVILO BLVD.	DAYTONA BEACH, FL.

Registered Agent Information

Name: WRIGHT, WILSON W.

Street Address (Do NOT Use P.O. Box Number): 217 S. ADAMS ST.

City, State and Zip Code: TALLAHASSEE, FL. 32302

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3. 6/30/80

8. **See signature restrictions under Instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receivor or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Douglas R. Garrett	Treasurer	601 948-6617

Signature: Douglas R. Garrett — Date: 6/26/80

DO NOT WRITE IN THIS SPACE

735034 07-09-80 2 6 760 10.00

(Form COR 520) Rev. 11/16/79

B-2056

DUE DA ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

FILED
JUN 30 8 07 AM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
502 NORTH ST.
P. O. BOX 3707
JACKSON, MS 39207

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address: ONE MEDIPLEX PLACE
P.O. Box No.: P.O. Box 4400
City: JACKSON
State: MS. Zip Code: 392.16

3. Date Incorporated or Qualified To Do Business in Florida: 2/26/1976
4. Federal Employer Identification Number (FEIN):
5. Date of Last Report: 1980

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	P/D	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD M.	D	2 PENINSULAR DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	D	415 DEVILO BLVD.	DAYTONA BEACH, FL.
Garrett, Douglas R	T	50 1 Mediplex Pl	Jax., Ms.

7. Registered Agent Information

Name: WRIGHT, WILSON W.
Street Address (Do NOT Use P.O. Box Number): 217 S. ADAMS ST.
City, State and Zip Code: TALLAHASSEE, FL. 32302

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer	Title	Telephone Number
Douglas R. Garrett	Treasurer	(601) 353-3500

Signature: Douglas R. Garrett
Date: June 23, 1981

CORPORATION NUMBER ON THIS SPACE
MS 6 30 81

(Form COR 620) Rev. 10/28/80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1982**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

MAY 13 1982

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE MEDIPLEX PLACE
P. O. BOX 4400
JACKSON, MS 39207

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		06/30/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
[illegible]	PVD	[illegible]	[illegible]
[illegible]	PVX	[illegible]	[illegible]
[illegible]	VX	[illegible]	[illegible]
GARRETT, DOUGLAS R	T	1 MEDIPLEX PL	JAXSON MS
Thad Hawkins	D	1 Mediplex Place	Jackson, MS
John L. Black, Jr.	P/D	1 Mediplex Place	Jackson, MS
Louie W. Odom	VP/D	1 Mediplex Place	Jackson, MS
R. Barry Vickery	S	1 Mediplex Place	Jackson, MS

Registered Agent Information

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature	Date
Douglas R. Garrett	February 19, 1982
Typed Name of Signing Officer	**Title**	**Telephone Number**
Douglas R. Garrett	Treasurer	(601) 353-3500

COR 0109 (81)

942-83

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT **1983**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
Mar 15 9 55 AM 1983
FLORIDA DEPT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office.

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE MEDIPLEX PLACE
P. O. BOX 4400
JACKSON, MS 39207

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		05/10/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~HAWKINS, THAD~~	~~D~~	~~ONE MEDIPLEX PLACE~~	~~JACKSON, MS 0000~~
~~GARRETT, DOUGLAS R~~	~~T~~	~~ONE MEDIPLEX PLACE~~	~~JACKSON, MS 0000~~
VICKERY, R BARRY	VP/S/D	~~ONE MEDIPLEX PLACE~~ 2145 Brackenridge Circle	JACKSON MS 3921 0000
BLACK, JOHN L JR	P/D	~~ONE MEDIPLEX PLACE~~ 235 St. Andrews Drive	JACKSON, MS 3921 0000
~~ODOM, LOUIE W~~	~~V/D~~	~~ONE MEDIPLEX PLACE~~	~~JACKSON, MS 0000~~
Bobby R. Arnold	T/D	101 Hickory Cove	Brandon, MS 39042

Registered Agent Information

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature R. Barry Vickery

Date 1-17-83

Typed Name of Signing Officer R. Barry Vickery

Title VP/S/D

Telephone Number (601) 956-9441

CON 625 (REV 1-83)

DUE DATE ON OR AFTER JANUARY 1 PER-INSCRIPTION

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

JUN 1984

Read Notice and Instructions on Other Side Before Making Entries.

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
~~ONE MEDIPLEX PLACE~~
~~P. O. BOX 4400~~
JACKSON, MS ~~39207~~

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address: 6155 Old CANTON
P.O. Box No.: P.O. Box 12,000
City: Jackson
State: MS
Zip Code: 39211

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		03/15/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	ARNOLD, BOBBY R	T/O	101 HICKORY COVE	BRANDON, MS	0000
2	VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS	0000
3	BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	0000

Registered Agent Information

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida 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 resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature	Date
R. Barry Vickery	6-28-84

Typed Name of Signing Officer	Title	Telephone Number
R. Barry Vickery	Vice President + Secretary	(601) 956-8817

11. Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates.

COR 620 (1-84)

JUL 1 0 1985

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION

ANNUAL REPORT
1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1985 SEP 24 AM 10:22

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of *Corporation Principal Office*

735034 1
DAYTONA BEACH HEALTH AUTHORITY, INC.
6155 OLD CANTON/POB 12000
JACKSON, MS 39211

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21: ONE LAKELAIR DR
P.O. Box No. 22: 12000
City and State 23: JACKSON, MS
Zip Code 24: 39236-2000

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		07/13/1984

6. Names and Street Addresses of Each Officer and Director, *as of December 31, 1984*

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City, State and Zip Code 4	5
ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS	0000
VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS	0000
BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	0000

Registered Agent Information

7. Name and Address of *Current Registered Agent*

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name 81:
Street Address (Do NOT Use P.O. Box Number) 82:
City and State 83:
Zip Code 84:

9. Pursuant to the provisions of Sections *607.034 and 607.037, Florida* Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____
I hereby accept the appointment of registered agent. I am familiar with, and accept the *obligations of*, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting *Appointment*)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer *of the Corporation*, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature	Date
Chauncey R Dunbar	9-17-85
Typed Name of Signing Officer	**Title**
CHAUNCEY R DUNBAR	AGENT
Telephone Number	
601-932-2984	

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐
$5 additional fee required for a Certificate of Status

CR2E093 (7/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236-9000

If above address is incorrect, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporate Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1976

4. Federal Employer Identification Number, FEI#: 09/24/1985

5. Names and Street Addresses of Each Officer and Director as of December 31 1986

Names of Officers and Directors	Title	Street Address (Each Officer and Director) (Do NOT Use P.O. Box Numbers)	City and State	Zip Code
ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS	00000
VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS	00000
BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name 8a

Street Address (Do NOT Use P.O. Box Number) 8b

City and State 8c

FL.

Zip Code 8d

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation (more) (now) under the laws of the State of Florida 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 resolution duly adopted by its board of directors or by an officer so authorized.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$ 5.00 additional fee required for Registered Agent Change, 8e

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 5)

Signature: Chauncey R Dunbar

Date: MAY 12, 1986

Typed Name of Signing Officer: CHAUNCEY R DUNBAR

Title: AGENT

Telephone Number: 601-932-2984

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$ 5.00 Additional Fee Required for a Certificate of Status

CR2E034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

87 AUG 12 AM 8:58

Read Notice And Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

735034 1
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236-9000

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
02/24/1976		05/30/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS	00000
VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS	00000
BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.047, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form.

10. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be named in Block 6).

Signature	Date
Bobby R. Arnold by Chauncey R. Dunbar	JUNE 29, 1987
Typed Name of Signing Officer: BOBBY R. ARNOLD by CHAUNCEY R. DUNBAR	Title: TREASURER AGENT
	Telephone Number: 601-932-2584

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for a Certificate of Status

CR2EC034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT
1988

FEB 09 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $25 Required — Make Checks Payable To Secretary of State

1. Name and Address of Corporation Principal Office.

735034
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1976

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 08/19/1987

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

	Names of Officers and Directors (1)	Title (2)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) (3)	City and State (4)	(5)
1	ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS	00000
2	~~VICKERY, BARRY R~~	~~P/V/S~~	~~2143 BRACKENSHIRE CIRCLE~~	~~JACKSON, MS~~	~~00000~~
3	BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	00000
4	DUNBAR, CHAUNCEY	S/D	370 HERITAGE PL	JACKSON, MS	39212
5					
6					

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ______

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE ______ DATE ______
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida ______

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature: Chauncey R Dunbar Sec

Date: 6/23/88

Typed Name of Signing Officer or Director: CHAUNCEY R. DUNBAR

Title: SECRETARY

Telephone Number: 601 932 2984

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/88)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

FEB 06 1989

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED

89 JUL 17 AM 9:56

Please Read Notice and Instructions on Other Side Before Making Entries

Filing Fee Of $35 Required — Make Checks Payable To Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4 1989

735034 1
DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236-2000

If above address is incorrect or any key enter the correct address in item 2 to include Zip Code

2. Enter Change of Address or City for Florida Office P.O. Box Number Acceptable NOT Sufficient

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida 02/24/1976

4. Federal Employer Identification or Trust Number (FEI) 64-0591201

5. Date Last Report 07/07/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director Do NOT use Post Office Box Numbers 3	City and State 4	5
1 T/D	ARNOLD, BOBBY R	101 HICKORY COVE	BRANDON, MS	00000
1A				
2 ~~S/D~~	~~DUNBAR, CHAUNCEY~~	~~370 HERITAGE PL~~	~~JACKSON, MS~~	~~00000~~
2A S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS	
3 P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS	00000
3A				
4				
4A				
5				
5A				
6				
6A				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed)

Signature: Chauncey R. Dunbar

Date: 6/28/89

Typed Name of Signing Officer or Director: CHAUNCEY R DUNBAR

Title: SECRETARY

Telephone Number: 601-932-2984

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for Certified Certificate of Status

CR2E023 (11-88)

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

2 24

FEB 5 1990

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable to: Secretary of State

1. Name and Address of Corporation Principal Office

735034 1

ZIP + 4 PRESORT

DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236-2000

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address is Being Changed, enter the correct address. Enter P.O. Box only if NOT willing to Use Street Address. The NAME of the corporation must be changed by filing an amendment.

Street Address

P.O. Box No.

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1976

4. FEI Number: 64-0591201

FEI Number Applied For
FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
1 T/D	ARNOLD, BOBBY R	101 HICKORY COVE	BRANDON, MS	00000
1x				
2 S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS	
2x				
3 P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS	00000
3x				
4				
4x				
5				
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

Name of New Registered Agent

Street Address (DO NOT use P.O. Box Number)

Street Address (DO NOT use P.O. Box Number)

City and State

Zip Code

FL.

9. Pursuant to the provisions of Sections 607.034 and 607.325, 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 resolution duly adopted by its board of directors.

I hereby accept the appointment of registered agent and am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I certify that the information required for this annual report or supplemental report is true and accurate and that this electronic report is executed in accordance with Section 607.325, F.S., 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, F.S.

Signature: Chauncey R Dunbar

Date: 6/27/90

Typed Name of Signing Officer or Director: CHAUNCEY R DUNBAR

Title: SECRETARY

Telephone Number: 601-932-2984

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUL-5 91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation:

DOCUMENT #735034 (1)

ZIP + 4 PRESORT

DAYTONA BEACH HEALTH AUTHORITY, INC.
ONE LAYFAIR DRIVE
PO BOX 12000
JACKSON, MS 39236-2000

FEB 4 1991

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address: 413 NOAH ORCHARD, SUITE 400
22 P.O. Box No.:
23 City and State:
24 Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1976

4. FEI Number: 64-0591201

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	T/D	ARNOLD, BOBBY R	~~101 HICKORY COVE~~ 4680 HICKORY RIDGE	~~BRANDON, MS~~ 00000 JACKSON, MS
1x				
2	S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS
2x				
3	P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS 00000
3x				
4				
4x				
5				
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent

81 Name:
82 Street Address 1 (Do NOT Use P.O. Box Number):
83 Street Address 2 (Do NOT Use P.O. Box Number):
84 City: FL. 85 Zip Code:

9. 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 _____
(Registered Agent Accepting Appointment)

CR2E003(1-89)

10. I 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; I further certify 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 6 or on an attachment with an address.

SIGNATURE Chauncey R Dunbar DATE 6/28/91

Typed Name of Signing Officer or Director: CHAUNCEY R. DUNBAR
Title: Secretary
Telephone Number Daytime: (601) 956-1013

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST,

FEB 17 1992

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #735034 (1)

DAYTONA BEACH HEALTH AUTHORITY, INC.
413 PEAR ORCHARD, SUITE 400
PO BOX 12000
JACKSON MS 39236-2000

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address: 460 Briarwood Dr., Suite 410
22 P.O. Box No:
23 City and State:
24 Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 02/24/1976

3a. Date of Last Report	4. FEI Number	FEI Number Applied For / FEI Number Not Applicable	5. $8.75 Additional Fee required for a Certificate of Status
07/05/1991	64-0591201		CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	T/D	ARNOLD, BOBBY R	4680 HICKORY RIDGE	JACKSON, MS
2	S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS
3	P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS 00000
4				
5				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE, FL. 32302

8. Name and Address of New Registered Agent
81 Name
82 Street Address 1 (Do NOT Use P.O. Box Numbers)
83 Street Address 2 (Do NOT Use P.O. Box Numbers)
84 City FL. 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.[illegible] [illegible] ctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered [illegible] 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 [illegible] and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ____________
(Registered Agent Acceptance Appointment)

10. [illegible] No X [illegible]

11. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE *Chauncey R. Dunbar* DATE *2/19/92*

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
Chauncey R. Dunbar	Secretary	(601) 95[illegible]-1013

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐

CR2E034 (11/91)

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FEB - 8 1993

FILED

DOCUMENT # 735034 (1)

DAYTONA BEACH HEALTH AUTHORITY, INC.
460 BRIARWOOD DR., SUSITE 410
PO BOX 12000
JACKSON MS 39206-3053

3. 02/24/1976 3a. 08/12/1992

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. 640591201 Applied For / N/A Applicable

2. Mailing Address

$61.25 Annual Report Fee Required

$5.00 May Be Added to Fees

$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

FL

11. Principal Office

12.

T/D
ARNOLD, BOBBY R
4680 HICKORY RIDGE
JACKSON MS

S/D
DUNBAR, CHAUNCEY
2239 TIFFANY CIRCLE
FLORENCE MS

P/D
BLACK, JOHN L JR
235 ST ANDREWS DR
JACKSON, MS 00000

13.

14. SIGNATURE Chauncey R Dunbar 5/5/93

Print Type Name of Signing Officer or Director: Chauncey R. Dunbar

Title: Secretary

(601) 956-1013

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'94 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
DAYTONA BEACH HEALTH AUTHORITY, INC.

DOCUMENT # 735034 (1)

Mailing Address
460 BRIARWOOD DR., SUSITE 410
PO BOX 12000
JACKSON MS 39236-9000

Principal Place of Business
460 BRIARWOOD DR., SUSITE 410
PO BOX 12000
JACKSON MS 39236-9000

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 02/24/1978
3a. Date of Last Report: 05/13/1993

2. Mailing Address
21
2a. Principal Place of Business
26

4. FEI Number: 64-0591201 (Applied For / Not Applicable)

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired $30.00 Additional Fee (Optional)

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

City & State
23
City & State
28

7. For-profit Exempt from $138.75 Supplemental Fee

Zip
24
Country
25
Zip
29
Country
30

8. This corporation has Liability for intangible tax under S. 199.032, Florida Statutes. Yes / X No

9. Name and Address of Current Registered Agent

WRIGHT, WILSON W.
217 S. ADAMS ST.
TALLAHASSEE FL 32302

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T/D	1.1 TITLE	
1.2 NAME	ARNOLD, BOBBY R	1.2 NAME	
1.3 STREET ADDRESS	4680 HICKORY RIDGE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
2.1 TITLE	S/D	2.1 TITLE	
2.2 NAME	DUNBAR, CHAUNCEY	2.2 NAME	
2.3 STREET ADDRESS	2239 TIFFANY CIRCLE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	FLORENCE MS	2.4 CITY-ST-ZIP	
3.1 TITLE	P/D	3.1 TITLE	
3.2 NAME	BLACK, JOHN L JR	3.2 NAME	
3.3 STREET ADDRESS	235 ST ANDREWS DR	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	JACKSON, MS 00000	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Chauncey R Dunbar Jr. Chauncey R. Dunbar 4/12/94 601-956-1013
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #