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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:29

DOCUMENT # 754853 (0)

1. Corporation Name
THE NEMOURS HEALTH CLINIC, INC.

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DR. STE #400 JACKSONVILLE FL 32207 US	P. O. BOX 1380 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1980
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2039649 ☐ 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

BELIN, J.C.
1650 PRUDENTIAL DR.
JACKSONVILLE FL 32207

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	PD	1.1 TITLE	Deceased	☒ Change ☐ Addition
NAME	COLDEWEY, T S	1.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	THORNTON, W L	2.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BELIN, J C	3.2 NAME		
STREET ADDRESS	1650 PRUDENTIAL DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	PD	☐ Change ☒ Addition
NAME		4.2 NAME	Alfred duPont Dent	
STREET ADDRESS		4.3 STREET ADDRESS	1650 Prudential Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
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		

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: W L Thornton Jan. 31, 1995 (904) 396-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. L. Thornton

0024740