## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

F45592

(5)

UPPER PENNISULAR HEALTH CARE FACILITIES, INC.						
Principal Place of	f Business	Mailing Address			riði Biðif Áfall Gröff þjólfi	Andel Albit (62)
407 N. HERNA LAKE CITY FL US	·	P. O. BOX 110 Lake City Fl. <b>3205</b> 6 US		Date incorporated or Qualified   3a. Date of Last Report		
				09/22/1981	05/01/199	95
2. Principal Plac		2a. Mailing Address		4. FEI Number	<b></b>	Applied For
9303	NW 143rd Street	Post Offic	e Box 940	59-1771261		Not Applicable
Suite Apt. #,	etc	Suite, Apt. #. elc.		5. Certificate of Status Desired	T	Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
	nua, Florida	Alachua, F	lorida	Trust Fund Contribution	1 7 7 7	to Fees
Zιρ	Country	Zip	Country	8. Tris corporation has liability for i		199.032.
32615	5 25 Alachua	29 32616-0940	<sub>30</sub> Alachua	Florida Statutes 4 Yes  10. Name and Address of New R		
	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Teathe Bild Address of flow it	bgiotore rigent	
407 N. H	n, a m MD Iernando street Iy fl 32055		83	ldress (P.O. Box Nurriber is Not Acceptab 03 NW 143rd Street		0.10
			84 Gity A1	achua	FL   32	o Code <b>2615</b>
11. Pursuant to	the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	the standard core	acol on a sharte this statement for the pur	pose of changing its requirement	egistered offic
ne englishered	d agent, or both, in the State of Fior I, and accept the obligations of, Sec	rda. Such enange was allubrize	i by the corporation's b	pard of directors. Thereby accept the appr	Onto Circum Carron Carron	
D-CNATHEE					05/01/96	
<u></u> 5.	grature by edior protect same of registered a po-	raome பிற கச் மூரி ND DISECTORS	t Bajasa i Ajerts par se sei 13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD GEFICERS AN	DELETE	1 ) TITLE	ADDITION CONTINUED TO CO.		Addition
NAME	RAMADAN, A M MD	<b></b>	1.2 NAMÉ			
STREET ADDRESS	25 MCFARLANE AVE.		1.3 STREET ADDRESS	9303 N.W. 143rd Stre	et	
CITY - ST - ZIP	LAKE CITY FL		14 C:TY - \$1 - Z-P	Alachua, FL 32615		
TITLE		DELETE	2 5 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			
City-St-ZiP		[ ] DELETE	2.4 CRY-SL ZIF 3.1 TiTLE		Change	Modified Addition
1IT(F			3.2 NAME			_
NAME CINCET ADORESS			3.3 SURFET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4 City SI-ZIP			
IIILE		[] DELETE	4 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY+S1+ZIP			44 C-TY - ST- Z F		□ Chance	Addition
THLE		☐ DELETE	5 1 TOUF		☐ Change	☐ waann
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		[7] DELETE	5.4 CHY+S1+ZIP 6.1 THUE		☐ Change	Addition
THE		_ сиси	6.2 NAME			
NAME STREET ADDRESS			63 STREET ADORESS			
0177 67 710			6.4 CitY+S1-ZiP			.=
14. I do hereb		nunt report or supplemental anni noration or the receiver or truste	dar report is true and acc elempowered to execute	fy for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 607, F		

SIGNATURE:

A. M. Ramadan, M.D.

05/01/96

(904) 462-4375