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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F92000000474 (8)

1. Corporation Name

NATIONAL PATIENT CARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
23 POPLAR STREET EAST RUTHERFORD NJ 07073	23 POPLAR STREET EAST RUTHERFORD NJ 07073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1992 12/22/93
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 23 EMPIRE BLVD	26 23 EMPIRE BLVD
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: S. HACKENSACK NJ	28 City & State: S. HACKENSACK NJ
24 Zip: 07606 25 Country: USA	29 Zip: 07606 30 Country: USA

4. FEI Number: 22-3061409 22-328/584 ☐ 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

8. 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301	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	11 TITLE	☒ Change ☐ Addition
NAME	EDWARDS, GLENN	12 NAME	
STREET ADDRESS	23 POPLAR STREET	13 STREET ADDRESS	23 EMPIRE BLVD
CITY ST ZIP	EAST RUTHERFORD NJ 07073	14 CITY ST ZIP	S. HACKENSACK NJ 07606
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	POWERS, CYNTHIA	22 NAME	
STREET ADDRESS	23 POPLAR STREET	23 STREET ADDRESS	23 EMPIRE BLVD
CITY ST ZIP	EAST RUTHERFORD NJ 07073	24 CITY ST ZIP	S. HACKENSACK NJ 07606
TITLE		31 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		32 NAME	KOESTER, THOMAS
STREET ADDRESS		33 STREET ADDRESS	23 EMPIRE BLVD
CITY ST ZIP		34 CITY ST ZIP	S. HACKENSACK, NJ 07606
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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 all other like empowered.

SIGNATURE: [signature] Secretary 6/8/95 201 641 7400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR DIRECTOR — Daytime Phone #

0305000 FP