FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000004616 (9)

1. Corporation Name

LONGFORD HEALTH SOURCES, INC.

Principal Place of Business	Mailing Address
% N. JEFFREY MCCANN 4500 PGA BLVD., SUITE 302 PALM BEACH GARDENS FL 33418	% N. JEFFREY MCCANN 4500 PGA BLVD., SUITE 302 PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 58-1807907 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MCCANN, N. JEFFREY
4500 PGA BLVD.
SUITE 302
PALM BEACH GARDENS FL 33418

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	MCCANN, G. NORMAN	NAME	
STREET ADDRESS	4500 PGA BLVD., #302	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	HALLORAN, KEVIN C	NAME	
STREET ADDRESS	4500 PGA BLVD., #302	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	VT	TITLE	☐ Change ☐ Addition
NAME	MADDEN, JOHN S	NAME	
STREET ADDRESS	4500 PGA BLVD., #302	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	TALARICO, RICHARD W	NAME	
STREET ADDRESS	381 MANSFIELD AVE.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15220	CITY-ST-ZIP	
TITLE	C	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, THOMAS D	NAME	
STREET ADDRESS	381 MANSFIELD AVE.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	
TITLE	VAS	TITLE	☐ Change ☐ Addition
NAME	MCCANN, N. JEFFREY	NAME	
STREET ADDRESS	4500 PGA BLVD, STE 302	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 119.07(1)(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 an address.

SIGNATURE: [signature] 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284068 CP