FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # F94000000416 (7)

1 CORPORATE NAME
CRITICAL CARE NURSING AGENCY, INC.

APPROVED AND FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE ADDRESS
BUILDING A
2465 NICHOLASVILLE ROAD
LEXINGTON KY 40503

MAILING ADDRESS
BUILDING A
2465 NICHOLASVILLE ROAD
LEXINGTON KY 40503

3. DATE INCORPORATED/QUALIFIED: 01/27/1994
3a. DATE OF LAST REPORT:

2. PRESIDENT'S NAME AND ADDRESS
21
22
23
24 25

2a. VICE PRESIDENT'S NAME AND ADDRESS
26
27
28
29 30

4. FEI NUMBER: 61-1176026 — Applied For / Not Applicable

5. CERTIFICATE OF GOOD STANDING ☐ — $8.75 Additional Fee Required

6. FLORIDA CAMPAIGN FINANCING TRUST FUND CONTRIBUTION ☐ — $5.00 May Be Added to Fees

8. DO YOU WISH TO ENROLL IN THE DIRECT DEPOSIT PROGRAM FOR YOUR REFUNDS? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, WILLIAM C
UNITED PLAZA, UNIT 9
13971 N. CLEVELAND AVENUE
NORTH FORT MYERS FL 33903

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 SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE STATEMENT FOR THE PURPOSE OF CHANGING ITS REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, IN THE STATE OF FLORIDA. THE NAME OF THE REGISTERED AGENT AND THE ADDRESS OF THE REGISTERED OFFICE ARE HEREBY AMENDED TO READ AS ABOVE. THE SIGNATURE OF THE PRESIDENT OR DIRECTOR HEREIN, ACCEPTS THE APPOINTMENT AS REGISTERED AGENT. THE NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS AS AMENDED, ARE AS FOLLOWS:

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PCS	THOMAS, EULA D	2000 SHADYBROOK LANE	LEXINGTON KY 40502
VCV	THOMAS, WILLIAM C	2000 SHADYBROOK LANE	LEXINGTON KY 40502
TD	UEBELHOR, BRIAN J	8016 RICHMOND DRIVE	LEXINGTON KY 40515

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS REPORT, AMENDED OR CORRECTED REPORT OR SUPPLEMENTAL AMENDED REPORT IS TRUE AND ACCURATE AND THAT MY SIGNATURE SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH; THAT I AM A DIRECTOR OR OFFICER OF THE CORPORATION OR OTHER ENTITY OWNING THE PROPERTY OR PROVIDING THE SERVICE REPORTED ON BY THE REPORT PURSUANT TO CHAPTER 607, FLORIDA STATUTES, AND THAT MY NAME APPEARS IN BLOCK 12 OR BLOCK 13 OF THE REPORT OR IS ATTACHED AND ACCURATE.

SIGNATURE: Brian J. Uebelhor, CPA, CFO, Treas. — 4/24/95 — 606-277-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0479306 FP