FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F95000004968

1. Corporation Name
CNR Health, Inc.

Principal Place of Business	Mailing Address
2514 S. 102nd St. Milwaukee, WI 53227	2514 S. 102nd St. Milwaukee, WI 53227

3. Date Incorporated or Qualified: October 12, 1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2514 S. 102nd St.	26 2514 S. 102nd St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Milwaukee, WI	City & State 28 Milwaukee, WI
Zip 24 [illegible] Country 25 USA	Zip 29 53227 Country 30 USA

4. FEI Number: 39-0445022 ☐ 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

Insurance Commissioner
Capitol
Tallahassee, FL 32399-0300

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Ralph Cavaiani		1.2 NAME	
STREET ADDRESS	2514 S. 102nd St.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Milwaukee, WI 53227		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Dianne Kiehl		2.2 NAME	
STREET ADDRESS	2514 S. 102nd St.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Milwaukee, WI 53227		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Tom Hefty		3.2 NAME	
STREET ADDRESS	401 W. Michigan St.		3.3 STREET ADDRESS	
CITY-ST-ZIP	Milwaukee, WI 53203		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Roger Formisano		4.2 NAME	
STREET ADDRESS	401 W. Michigan St.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Milwaukee, WI 53203		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(k), 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: Dianne Kiehl 3/18/96 (414)327-5198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #