**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:30

DOCUMENT # G52664 (1)

1. Corporation Name
FLORIDA HEALTH FACILITIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21000 STATE RD 54<br>LUTZ FL 33549<br>US | 577 MULBERRY STREET<br>POST OFFICE BOX 209<br>MACON GA 31298-2399 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1983
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 58-1860493 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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 | D | 1.1 TITLE | D ☒ Change ☐ Addition |
| NAME | COBERN, JOSEPH M. | 1.2 NAME | Cobern, Joseph M |
| STREET ADDRESS | 577 MULBERRY STREET | 1.3 STREET ADDRESS | 3414 Peachtree Rd NE Suite 1400 |
| CITY-ST-ZIP | MACON GA | 1.4 CITY-ST-ZIP | Atlanta, GA 30326 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCRAE, GLENN A | 2.2 NAME | |
| STREET ADDRESS | 577 MULBERRY ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MACON GA | 2.4 CITY-ST-ZIP | |
| TITLE | DV | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCCAULEY, JOHN C | 3.2 NAME | |
| STREET ADDRESS | 577 MULBERRY STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MACON GA | 3.4 CITY-ST-ZIP | |
| TITLE | P | 4.1 TITLE | P ☒ Change ☐ Addition |
| NAME | O'SHAUGHNESSY, JON C. | 4.2 NAME | O'Shaughnessy, Jon C. |
| STREET ADDRESS | 577 MULBERRY STREET | 4.3 STREET ADDRESS | 3414 Peachtree Rd, NE Suite 1400 |
| CITY-ST-ZIP | MACON GA | 4.4 CITY-ST-ZIP | Atlanta, GA 30326 |
| TITLE | S | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | FILUSH, JAMES M | 5.2 NAME | |
| STREET ADDRESS | 577 MULBERRY STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MACON GA | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | T ☒ Change ☐ Addition |
| NAME | SANFORD, CHARLOTTE A | 6.2 NAME | Sanford, Charlotte A |
| STREET ADDRESS | 577 MULBERRY ST | 6.3 STREET ADDRESS | 3414 Peachtree Rd, NE Suite 1400 |
| CITY-ST-ZIP | MACON GA | 6.4 CITY-ST-ZIP | Atlanta, GA 30326 |

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 an address.

SIGNATURE: James M Filush 1-18-95 (912) 742-1161
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Business Telephone #)
Secretary

0400127 FP

ATTACHMENT TO:

1994 CORPORATION ANNUAL REPORT

FOR

FLORIDA HEALTH FACILITIES, INC.

ADDITIONAL OFFICERS:

Executive Vice President
Mariam Williams
21808 S.R. 54
Lutz, FL 33549

Vice President
H. Dale Rumph
577 Mulberry Street
Macon, GA 31298

Assistant Secretary
James R. Bedenbaugh
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
Kirk D. McConnell
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326

Assistant Secretary
David J. Hansen
3414 Peachtree Road, NE
Suite 1400
Atlanta, GA 30326