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 MAR 20 PM 2:05

DO NOT WRITE IN THIS SPACE

DOCUMENT # G67043 (1)

1. Corporation Name
SHCM HIALEAH, INC.

Principal Place of Business
HIALEAH CONVALESCENT HOME
190 W. 28TH ST.
HIALEAH FL 33010
US

Mailing Address
C/O SOUTHEASTERN HEALT CARE MGMT.
4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119

3. Date Incorporated or Qualified: 10/28/1983
3a. Date of Last Report: 04/08/1994

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

4. FEI Number: 56-1386719 ☐ 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

JOHNSON, TIMOTHY N
190 W. 28TH ST.
HIALEAH FL 33010

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	JOHNSON, RUTH G.	1.2 NAME	RUTH G. JOHNSON
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	1.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	V	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	JOHNSON, E. NATHAN	2.2 NAME	RUTH G. JOHNSON
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	2.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	P	3.1 TITLE	P/D ☒ Change ☐ Addition
NAME	JOHNSON, STEPHEN	3.2 NAME	STEPHEN JOHNSON
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	3.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	TS	4.1 TITLE	T/S/D ☒ Change ☐ Addition
NAME	TROST, JOHN W.	4.2 NAME	JOHN W. TROST
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	4.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TROST, BRENDA	5.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CAROL	6.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	6.4 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)(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: By: [signature] President 3-18-95 904-761-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011800 CP