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 APR -7 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H27671 (7)

1. Corporate Name
NORTHPORT HEALTH CARE, INC.

Principal Office Address
% C T CORPORATION SYSTEM
6751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address
% C T CORPORATION SYSTEM
6751 W. BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1984
3a. Date of Last Report: 03/08/1994

	Principal Office Address	Mailing Address
2. / 2a.	21 5100 POPLAR AVE	26 5100 Poplar AVE
Suite, Apt. #	22 1220	27 SUITE 1220
City & State	23 MEMphis, TN	28 MEMphis, TN
Zip / County	24 38139 25 U.S.A.	29 38139 30 USA

4. FEI Number: 62-1215699 — 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 / X 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 Section 607.193 and 607.1935, 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 IN 12
D KENNEDY, ROBERT C. 485 SHOFNER AVE E. MEMPHIS TN	Change / Addition
D HICKMAN, MARK D. 3356 SUMMERHILL BARTLETT TN	Change / Addition
PD MURPHEY, MURRAY C. 6726 HICKORY CREST COVE MEMPHIS TN	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: Murray C. Murphey
SIGNATURE AND TYPED OR PRINTED NAME OF FORMER OFFICER OR DIRECTOR

April 4, 1995

901-767-3487

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