SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
AMOUNT DUE ON OR BEFORE 8 7 96 $725 IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE $875

1996

APPROVED
AND
FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31303 (1)

NATIONS HEALTHCARE OF MENTAL FLORIDA, INC.

774 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL
32701

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, FL 30202

11-26-1984

5-1-1995

59-3471681

$8.75

$5.00

CHARLIE LAGER
5535 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

X

CHARLIE LAGER
6535 ROOSEVELT BLVD
JACKSONVILLE FL 32244

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

P X
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V X
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, SEE 230
ALPHARETTA, GA 30202

$ Deposited by Bank

SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1996

APPROVED AND FILED

1996 APR 10 AM 11:1.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H31303 (1)

1. NATIONS HEALTHCARE OF CENTRAL FLORIDA, INC.

774 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, FL 30202

2.

3a. 11-26-1984

4. 59-3471681

5. $8.75

6. $5.00

7.

8. X

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5575 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

CHARLIE LAGER
6575 ROOSEVELT BLVD
JACKSONVILLE FL 32244

11.

12. P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202
V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

13. P X
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202
V X
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

14. $ Deposited by Bank

KSD 04/18/96

SIGNATURE: V

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
1996 APR 10 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 31303 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CENTRAL FLORIDA, INC.

Principal Place of Business

774 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

Mailing Address

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, FL 30202

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11-26-1984
3a. Date of Last Report: 6-1-1995
4. FEI Number: 59-2471681
[ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 6525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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]

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] Delete
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[ ] Delete
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	[X] Change [ ] Add
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[X] Change [ ] Add
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Deposited by Bank
LSD 4/8/96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

1996 APR 10 AM 11: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # V52513 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business	Mailing Address
5435 SEVENTY-SEVEN CENTER DR SUITE 40 CHARLOTTE, NC 28217	1000 MANSELL EXCHANGE WEST SUITE 230 ALPHARETTA, GA 30202

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

3. Date Incorporated or Qualified: 07-17-1992	3a. Date of Last Report: 05-01-1995
4. FEI Number: 59-2004301	☐ 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

CHARLIE LAGER
5625 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5625 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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: Y _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☒ Change ☐ Addition
TITLE: P NAME: BOB WOOD STREET ADDRESS: 1000 MANSELL EXCHANGE WEST STE 230 CITY-ST-ZIP: ALPHARETTA, GA 30202	☐ DELETE	11 TITLE: P 12 NAME: BOB WOOD 13 STREET ADDRESS: 1000 MANSELL EXCHANGE WEST, STE 230 14 CITY-ST-ZIP: ALPHARETTA, GA 30202	☒ Change ☐ Addition
TITLE: V NAME: CHARLIE LAGER STREET ADDRESS: 1000 MANSELL EXCHANGE WEST, STE 230 CITY-ST-ZIP: ALPHARETTA, GA 30202	☐ DELETE	21 TITLE: V 22 NAME: CHARLIE LAGER 23 STREET ADDRESS: 1000 MANSELL EXCHANGE WEST, STE 230 24 CITY-ST-ZIP: ALPHARETTA, GA 30202	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

Deleted by Bank 4/16/96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED
1996 APR 10 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 31303 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CENTRAL FLORIDA, INC.

Principal Place of Business
774 S. NORTH LAKE BLVD.
ALTAMONTE SPRINGS, FL 32701

Mailing Address
1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, FL 30202

3. Date Incorporated or Qualified: 11-26-1984
3a. Date of Last Report: 5-1-1995
4. FEI Number: 59-2471681
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 [X] Yes [ ] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 6525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of Sections 607.0501 or 617.0501, 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]

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[ ] DELETE
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	[X] Change [ ] Addition
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[X] Change [ ] Addition
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Deposited by Bank
150 4/8/96

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)