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 APR 13 PM 3:44

DOCUMENT # **H82563** **(8)**

1. Corporation Name
HERITAGE HEALTH CARE CENTER OF INVERNESS, INC.

Principal Place of Business	Mailing Address
300 INTERNATIONAL PARKWAY SUITE 250 HEATHROW FL 32746	300 INTERNATIONAL PARKWAY SUITE 250 HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1985
3a. Date of Last Report: 03/08/1994

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)

4. FEI Number: 59-2591775 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOWELL,DAVID R.
1200 N STONE ST
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: David R. Dowell
82 Street Address (P.O. Box Number is Not Acceptable): 300 International Parkway
83: Suite 250
84 City: Heathrow **FL** 85 Zip Code: 32746

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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DOWELL,DAVID R.	12 NAME	Dowell, David R.	
STREET ADDRESS	856 LINCOLN RD	13 STREET ADDRESS	3080 Timpana Point	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DT	21 TITLE		☐ Change ☐ Addition
NAME	ALLBEE,RICHARD A.	22 NAME		
STREET ADDRESS	121 FIRST AVE.,NW.	23 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON,IO.	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	COONLEY, JAMES E.II	32 NAME		
STREET ADDRESS	121 FIRST AVE.,NW	33 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON,IO.	34 CITY-ST-ZIP		
TITLE	DVP	41 TITLE		☐ Change ☐ Addition
NAME	MANOYLOVICH,GEORGE	42 NAME		
STREET ADDRESS	121 FIRST AVE.,NW	43 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON, IO.	44 CITY-ST-ZIP		
TITLE	DVP	51 TITLE	DVP	☐ Change ☒ Addition
NAME	DOWELL, CLYDE R.	52 NAME	Dowell, Clyde R.	
STREET ADDRESS	2820 SUN LAKE LOOP #102	53 STREET ADDRESS	227 Wimbledon Circle	
CITY-ST-ZIP	LAKE MARY FL	54 CITY-ST-ZIP	Heathrow, FL 32746	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 4/6/95 407/333-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000440 CP