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

DOCUMENT # H94047 (8)

1. Corporation Name

FLORIDA HEALTH FACILITIES CORP. (OF SARASOTA COU NTY)

Principal Place of Business	Mailing Address
% MARTY B. CLARK 1553 NE ARCH AVE JENSEN BCH. FL 34957	% MARTY B. CLARK 1553 NE ARCH AVE JENSEN BCH. FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1986

3a. Date of Last Report: 07/06/1994

4. FEI Number: 65-0068846 — 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

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

9. Name and Address of Current Registered Agent

CLARK, MARTY B.
1553 NE ARCH AVE
JENSEN BCH. FL 34957

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 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
STD	CLARK, JACK	1553 NE ARCH AVE	JENSEN BCH. FL
VD	CLARK, CHRISTOPHER	1553 NE ARCH AVE	JENSEN BCH. FL
PD	CLARK, MARTY	1553 NE ARCH AVE	JENSEN BCH. FL
D	STONE, JOHN H.	1119 HIGH STREET	DES MOINES IA

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntary, 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: _______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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