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 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J06917** **(5)**

1. Corporate Name
PATIENCE CORNER NURSE-MIDWIFERY CENTER, INC.

Principal Place of Business	Mailing Address
717 SW 4 AVENUE GAINESVILLE FL 32601	717 SW 4 AVENUE GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1986**
3a. Date of Last Report: **05/11/1994**

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

4. FEI Number: **59-2679216** ☐ 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 family for intangible tax under § 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTMANN, THOMAS G.
527 E UNIVERSITY AVE
GAINESVILLE FL 32601

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 607.0505, 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. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	P	☐ Change ☐ Addition
NAME	NORRIS, MARIE A.	
STREET ADDRESS	RT 3 BOX 465	
CITY-ST-ZIP	ALACHUA FL	
TITLE	ST	☐ Change ☐ Addition
NAME	HILLEBRAND, LOUANN	
STREET ADDRESS	16 OLD OAKS RD.	
CITY-ST-ZIP	ARCHER FL	
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		

14. I hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate and that this filing meets the requirements of applicable Florida Statutes. I further certify that I am familiar with and authorized to sign this report on behalf 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 above, or on an attachment with all other like empowered.

SIGNATURE: Louann Hillebrand 5/1/95 904-378-3882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louann Hillebrand

0003870 CP