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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J13712 (1)

1. Corporation Name
HSA LYNNHAVEN, INC.

Principal Place of Business	Mailing Address
639 LOYOLA AVE STE - 1700 NEW ORLEANS LA 70113 US	639 LOYOLA AVE STE - 1700 NEW ORLEANS LA 70113-3182 US

3. Date Incorporated or Qualified: 05/12/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 63-0932886 ☐ 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 ONE ALHAMBRA PLAZA (Suite, Apt. #, etc.)	26 ONE ALHAMBRA PLAZA (Suite, Apt. #, etc.)
22 SUITE 750 (City & State)	27 SUITE 750 (City & State)
23 CORAL GABLES FLORIDA (Zip / Country)	28 CORAL GABLES FLORIDA (Zip / Country)
24 33134 / 25 USA	29 33134 / 30 USA

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JENNINGS, REYNOLD		1.2 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SIMS, DANIEL		2.2 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700		2.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 7750
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE		☐ DELETE	3.1 TITLE	PD ☐ Change ☒ Addition
NAME			3.2 NAME	REMBERTO CIBRAN
STREET ADDRESS			3.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: _____ DAVID SIMS VP 5/15/97