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 APR 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J29869 (1)

1. Corporation Name
HEALTH CARE AFFILIATES, INC.

Principal Place of Business	Mailing Address
~~C/O B&C CORPORATE SVCS OF CENTRAL FL~~ ~~390 N. ORANGE AVE., STE. 1100~~ ~~ORLANDO FL 32801~~	~~C/O B&C CORPORATE SVCS OF CENTRAL FL~~ ~~390 N. ORANGE AVE., STE. 1100~~ ~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1986
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 7575 Dr. Phillips Blvd.	26 7575 Dr. Phillips Blvd.
Suite, Apt. #, etc. 22 Suite 365	Suite, Apt. #, etc. 27 Suite 365
City & State 23 Orlando FL	City & State 28 Orlando, FL
Zip / Country 24 32819 / 25 USA	Zip / Country 29 32819 / 30 USA

4. FEI Number: 59-2732629 ☐ 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	10. Name and Address of New Registered Agent
B&C CORPORATE SVCS OF CENTAL FLA, INC 390 N. ORANGE AVE. 1100 ORLANDO FL 32801	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 _____ 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	☐ Change ☐ Addition
NAME	BROUGHTON, DAN H.	12 NAME	
STREET ADDRESS	618 BUTLER ST	13 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	BROUGHTON, SHEILA T.	22 NAME	
STREET ADDRESS	618 BUTLER ST	23 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STITT, TOBIE A.	32 NAME	
STREET ADDRESS	302 PATRIDGE LN	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: Dan H. Broughton 2/16/95 (407)351-9300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Dan H. Broughton, President

0083A03 CP