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 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J41624** **(4)**

1. Corporation Name
WILDWOOD HEALTHCARE, INC.

Principal Place of Business	Mailing Address
490 S. OLD WIRE ROAD WILDWOOD FL 34785-5001 US	490 S. OLD WIRE ROAD WILDWOOD FL 34785-5001 US

DO NOT WRITE IN THIS SPACE

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

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: **59-2750357** ☐ 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

MARTIN, H.E.
HWY 27
FT. WHITE FL 32038

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SILVER, STEPHEN	12 NAME		
STREET ADDRESS	27C TROLLEY SQUARE	13 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BAINUM, ROBERT	22 NAME		
STREET ADDRESS	10701 MAIN ST	23 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	PRICE, BRAXTON	32 NAME		
STREET ADDRESS	601 N GROVE STREET	33 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	34 CITY-ST-ZIP		
TITLE	DST	41 TITLE		☐ Change ☐ Addition
NAME	MARTIN, H.E.	42 NAME		
STREET ADDRESS	P O BOX 328 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	FT. WHITE FL	44 CITY-ST-ZIP		
TITLE	DC	51 TITLE		☒ Change ☐ Addition
NAME	MCCORMICK, MICHAEL	52 NAME		
STREET ADDRESS	355 HURON VIEW BLVD	53 STREET ADDRESS	4997 Raisin Center Hwy	
CITY-ST-ZIP	ANN ARBOR MI	54 CITY-ST-ZIP	Tecumseh, MI 49286	
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 above, or on an attachment with an address.

SIGNATURE: _____ H.E. Martin 4-27-95 (904)748-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377060 CP