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 # J95142 (2)

1. Corporation Name
FLORIDA HEALTH FACILITIES CORP. (OF DUVAL COUNTY)

Principal Place of Business
% MARTY B. CLARK
1553 N.E. ARCH AVE.
JENSEN BCH FL 34957

Mailing Address
% MARTY B. CLARK
1553 N.E. ARCH AVE.
JENSEN BCH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1987
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0068836 — 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. 199.052, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
CLARK, MARTY B.
1553 N.E. 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1) TITLE	☐ Change ☐ Addition
NAME	CLARK, MARTY B.	1) NAME	
STREET ADDRESS	1553 N.E. ARCH AVE.	1) STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	1) CITY-ST-ZIP	
TITLE	VD	2) TITLE	☐ Change ☐ Addition
NAME	CLARK, CHRISTOPHER A	2) NAME	
STREET ADDRESS	1553 N.E. ARCH AVE.	2) STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	2) CITY-ST-ZIP	
TITLE	STD	3) TITLE	☐ Change ☐ Addition
NAME	CLARK, JACK	3) NAME	
STREET ADDRESS	1553 N.E. ARCH AVE.	3) STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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

0379000 CP