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 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K02755 (2)

1. Corporation Name

REPUBLIC HEALTH CORPORATION OF NORTH MIAMI

Principal Place of Business	Mailing Address
3401 W. END AVE. SUITE 700 NASHVILLE TN 32703	3401 W. END AVE. SUITE 700 NASHVILLE TN 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1987
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: 75-2212944 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ 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	CCEO	11 TITLE	CCEO/D	☒ Change ☐ Addition
NAME	BURKLOW, BRYAN	12 NAME		
STREET ADDRESS	17300 NW 7TH AVE STE 204	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	PCOO	21 TITLE		☐ Change ☐ Addition
NAME	CATLIN, DAVID	22 NAME		
STREET ADDRESS	160 NW 170TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE	AS	☒ Change ☐ Addition
NAME	JOHNSON, JAMES H.	32 NAME	Karen H. Abbott	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	33 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NASHVILLE TN	34 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F.	42 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	43 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PITTS, KEITH B	52 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	53 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	54 CITY-ST-ZIP		
TITLE	EVCF	61 TITLE		☐ Change ☐ Addition
NAME	MAXION, CHARLENE	62 NAME		
STREET ADDRESS	160 NW 170TH ST	63 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0384410 CR