FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **11/19/1987**

3a. Date of Last Report: **05/01/1995**

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

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	26 P.O. Box 1200
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Nashville, TN 32
24 Zip / 25 Country	29 37202-1200 / 30 Country

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 changed or only)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☒ ~~DELETE~~	1.1 TITLE	☒ ~~Change~~	☒ ~~Addition~~
NAME	BURKLOW, BRYAN		1.2 NAME	Dominick Bianco	
STREET ADDRESS	17300 NW 7TH AVE STE 204		1.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	PCOO	☒ ~~DELETE~~	2.1 TITLE	☒ ~~Change~~	☒ ~~Addition~~
NAME	CATLIN, DAVID		2.2 NAME	Stephen M. Patz	
STREET ADDRESS	160 NW 170TH ST		2.3 STREET ADDRESS	160 N.W 170th St	
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP	North Miami Beach, Fl 33169	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	ABBOTT, KAREN H		3.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	TONNIES, RUSSELL F.		4.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP	500001767245	
TITLE	D	☐ DELETE	5.1 TITLE	-04/02/96--01127--020 ☐ Change	☐ Addition
NAME	PITTS, KEITH B		5.2 NAME	***200.00	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP		
TITLE	EVCF	☒ ~~DELETE~~	6.1 TITLE	☒ ~~Change~~	☒ ~~Addition~~
NAME	MAXION, CHARLENE		6.2 NAME	Carola SANZ	
STREET ADDRESS	160 NW 170TH ST		6.3 STREET ADDRESS	160 N.W. 170th St	
CITY-ST-ZIP	N MIAMI BCH FL		6.4 CITY-ST-ZIP	North Miami Beach, Fl 33169	

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 A Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)