

FILED

Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 044 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33866

1. Corporation Name

NATIONS HEALTHCARE OF TAMPA BAY, INC.

Principal Place of Business

8408 N ARMENIA AVENUE
SOUTH SUITE
TAMPA FL 33604
US

Mailing Address

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA GA 30202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1989

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 PO Box 5050

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

08034

30

US A

4. FEI Number

65-0111970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

8. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City PLANTATION FL 85 Zip Code 33324

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

KORRI A. BEHLER

KORRI A. BEHLER

7/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when designating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WOOD, BOB
STREET ADDRESS 1000 MANSELL EXCHANGE WEST., STE 230
CITY-ST-ZIP ALPHARETTA GA 30202TITLE COO
NAME MAGLIOCHETTI, FRANK
STREET ADDRESS 175 CABOT ST 4TH FL
CITY-ST-ZIP LOWELL MA 01854TITLE T
NAME MARDOCK, STEVE
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP ALPHARETTA GATITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME CRAIG W. PORTER
1.3 STREET ADDRESS 55 CARNEGIE PLAZA
1.4 CITY-ST-ZIP CHERRY HILL NJ 080032.1 TITLE SECRETARY
2.2 NAME JACK N. BLOWN
2.3 STREET ADDRESS 55 CARNEGIE PLAZA
2.4 CITY-ST-ZIP CHERRY HILL NJ 080033.1 TITLE TREASURER
3.2 NAME SALIC N. BLOWN
3.3 STREET ADDRESS 55 CARNEGIE PLAZA
3.4 CITY-ST-ZIP CHERRY HILL NJ 080034.1 TITLE DIRECTOR
4.2 NAME CRAIG W. PORTER
4.3 STREET ADDRESS 55 CARNEGIE PLAZA
4.4 CITY-ST-ZIP CHERRY HILL NJ 080035.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK N. BLOWN

7/6/99

(609) 470-2100

CR2E034 (11/98)