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 APR 20 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61403** **(6)**

1. Corporation Name
URBAN HEALTH CARE & SERVICES, INC.

RECEIVED APR 11 1995

Principal Place of Business	Mailing Address
600 W. GREGORY ST. PENSACOLA FL 32501	600 W. GREGORY ST. PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 10/14/1994

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):

4. FEI Number: 59-3005912 ☐ 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

RIPLEY, DONALD H
600 W. GREGORY ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: JILL S. JOHNSTON
82 Street Address (P.O. Box Number is Not Acceptable): 600 WEST GREGORY STREET
83:
84 City: PENSACOLA FL 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Jill S. Johnston 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	RIPLEY, DONALD H	1.2 NAME	JILL S. JOHNSTON	
STREET ADDRESS	600 W. GREGORY ST.	1.3 STREET ADDRESS	600 WEST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	PENSACOLA, FL. 32501	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, MARION C I	2.2 NAME		
STREET ADDRESS	600 W. GREGORY ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, RICHARD C	3.2 NAME		
STREET ADDRESS	600 W. GREGORY ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, W. CHANNING	4.2 NAME		
STREET ADDRESS	600 W. GREGORY ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	STULTZ, MILTON	5.2 NAME		
STREET ADDRESS	600 W. GREGORY ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, ULYSSES	6.2 NAME		
STREET ADDRESS	600 W. GREGORY ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	6.4 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: Jill S. Johnston (JILL S. JOHNSTON) 4/13/95 904-438-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0000444 CP