

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L61403 (6)

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



Principal Place of Business

600 W. GREGORY ST.
PENSACOLA FL 32501

Mailing Address

600 W. GREGORY ST.
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 20 E. Garden Street

Suite, Apt. #, etc.

22

City & State

23 Pensacola, Florida

Zip

24 32501

Country

25 U.S.

26. Mailing Address

26 P.O. Box 1361

Suite, Apt. #, etc.

27

City & State

28 Pensacola, FL

Zip

29 32596

Country

30 U.S.

3. Date Incorporated or Qualified

03/26/1990

3a. Date of Last Report

05/01/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

JOHNSTON, JILL S
600 WEST GREGORY ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name Renardo A. Robinson

82 Street Address (P.O. Box Number is Not Acceptable)

20 E. Garden Street

83

84 City Pensacola

FL

85 Zip Code 32501

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 Renardo A. Robinson Renardo A. Robinson

9/12/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE A ☒ DELETE

NAME JOHNSTON, JILL S
STREET ADDRESS 600 WEST GREGORY STREET
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME BENNETT, MARION C I
STREET ADDRESS 600 W. GREGORY ST.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☒ Change ☐ Addition

1.2 NAME Renardo A. Robinson
1.3 STREET ADDRESS 20 E. Garden Street
1.4 CITY-ST-ZIP Pensacola, FL 32501

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Bennett, Marion C
2.3 STREET ADDRESS 20 E. Garden Street
2.4 CITY-ST-ZIP Pensacola, FL 32501

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 or is changed, or on an attachment with an address.

SIGNATURE: Renardo A. Robinson 9/12/97 102802-4993

CR2E034 (4/97)