


FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M25735					
1. Corporation Name NATIONS HEALTHCARE OF FLORIDA, INC.					
Principal Place of Business 7901 SW 96TH ST. STE 206 STE 206 DAVIE FL 33328 US			Mailing Address 1000 MANSELL EXCHANGE W STE 230 ALPHARETTA GA 30202 US		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 01/13/1986					
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 5050		4. FEI Number 59-2629342	
22 City & State CHERRY HILL, NJ		27 City & State CHERRY HILL, NJ		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 08034		29 Zip 08034		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 GT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 83 84 City PLANTATION		
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 <i>Korria A. Behler</i>		KORRIA BEHLER		DATE 7/29/99	
12. OFFICERS AND DIRECTORS					
TITLE P		1.1 TITLE PRESIDENT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WOOD, BOB L		1.2 NAME CRAIG W. PORTER		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1000 MANSELL EXCHANGE W STE 230		1.3 STREET ADDRESS 55 CARNEGIE PLAZA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP ALPHARETTA GA		1.4 CITY-ST-ZIP CHERRY HILL NJ 08003		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE COO		2.1 TITLE SECRETARY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MAGLIOCHETTI, FRANK		2.2 NAME JACK N. BROWN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 175 CABOT ST 4TH FL		2.3 STREET ADDRESS 55 CARNEGIE PLAZA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP LOWELL MA 01854		2.4 CITY-ST-ZIP CHERRY HILL NJ 08003		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T		3.1 TITLE TREASURER		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MURDOCK, STEVE		3.2 NAME JACK N. BROWN		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1000 MANSELL EXCHANGE W STE 230		3.3 STREET ADDRESS 55 CARNEGIE PLAZA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP ALPHARETTA GA		3.4 CITY-ST-ZIP CHERRY HILL NJ 08003		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 		4.1 TITLE DIRECTOR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME 		4.2 NAME CRAIG W. PORTER		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 		4.3 STREET ADDRESS 55 CARNEGIE PLAZA		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP CHERRY HILL NJ 08003		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 		5.1 TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		5.2 NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		5.3 STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 		6.1 TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 		6.2 NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		6.3 STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

7/6/99

(609)
 470-2100
 Daytime Phone #

CR2E034 (11/88)