FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M50806** **(2)**

1. Corporate Name
NATIONWIDE HEALTH CARE CORP.

Principal Place of Business
2601 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
2601 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **04/23/1987**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-2794150** ☐ Applied For ☐ Not Applicable

Suite/Apt. #
22

Suite/Apt. #
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP
24

County
25

ZIP
29

County
30

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAIRNS, TERRANCE V
2601 BISCAYNE BLVD.
MIAMI FL 33137

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 Section 607.1008, 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

(If changing Registered Agent, this must be signed by the new Registered Agent.) (If changing Registered Agent or registered office address, or both.) All

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	PD	41 Title	☐ Change ☐ Addition
32 Name	MILLER, JEFFREY	42 Name	
33 Street Address	2601 BISCAYNE BLVD.	43 Street Address	
34 City-St-Zip	MIAMI FL	44 City-St-Zip	
35 Title	STD	45 Title	☐ Change ☐ Addition
36 Name	GOLDSTEIN, MICHELLE	46 Name	
37 Street Address	2601 BISCAYNE BLVD.	47 Street Address	
38 City-St-Zip	MIAMI FL	48 City-St-Zip	
39 Title	VD	49 Title	☐ Change ☐ Addition
40 Name	MILLER, ROGER	50 Name	
41 Street Address	2601 BISCAYNE BLVD	51 Street Address	
42 City-St-Zip	MIAMI FL	52 City-St-Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City-St-Zip		56 City-St-Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City-St-Zip		60 City-St-Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City-St-Zip		64 City-St-Zip	

14. I/We 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 added by an attachment with an address.

SIGNATURE: [signature] VP Roger Miller 4/28/95 205576-6333

SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0143091 CP