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 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92144** **(8)**

1. Corporation Name
HERITAGE HEALTH CARE CENTER OF BAKER COUNTY, INC

Principal Place of Business	Mailing Address
300 INTERNATIONAL PARKWAY SUITE 250 HEATHROW FL 32746	300 INTERNATIONAL PARKWAY SUITE 250 HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/28/1988**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24):
County (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
County (30):

4. FEI Number: **59-2906129** ☐ 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

DOWELL, DAVID R.
1200 NORTH STONE AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Dowell, David R.
82 Street Address (P.O. Box Number is Not Acceptable): 300 International Parkway
83: Suite 250
84 City: Heathrow **FL** 85 Zip Code: 32746

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	DOWELL, DAVID R.	1.2 NAME	Dowell, David R.	
STREET ADDRESS	856 LINCOLN RD.	1.3 STREET ADDRESS	3080 Timpana Point	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLBEE, RICHARD A.	2.2 NAME		
STREET ADDRESS	121 FIRST AVE, N.W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON, IO	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	COONLEY, JAMES E, III	3.2 NAME		
STREET ADDRESS	121 FIRST AVE, N.W.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON, IO	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	DOWELL, CLYDE R.	4.2 NAME	Dowell, Clyde R.	
STREET ADDRESS	2820 SUN LAKE LOOP #102	4.3 STREET ADDRESS	227 Wimbledon Circle	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	Heathrow, FL 32746	
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	MANOYLOVICH, GEORGE	5.2 NAME		
STREET ADDRESS	121 FIRST AVE, N.W.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON, IO	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 4/6/95 407 | 333-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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