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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07883

(4)

1. Corporation Name

PARK HEALTH CORPORATION

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. STE. #202 WINTER PARK FL 32792 US	2111 GLENWOOD DR. STE. #202 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

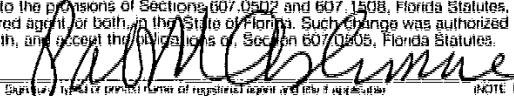
3. Date Incorporated or Qualified 02/28/1985	3a. Date of Last Report 05/19/1994
4. FEI Number 59-2618430	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1870 Aloma Avenue Suite, Apt. #, etc. 22 Suite 200	26 P.O. Box 2647 Suite, Apt. #, etc. 27
City & State 23 Winter Park, Florida	City & State 28 Winter Park, Florida
Zip 24 32789	Country 25 U.S.
Zip 29 32790-2647	Country 30 U.S.

9. Name and Address of Current Registered Agent
ASHMORE, PATRICIA M 2111 GLENWOOD DR. STE. #202 WINTER PARK FL 32792

10. Name and Address of New Registered Agent
81 Name Patricia M. Ashmore
82 Street Address (P.O. Box Number is Not Acceptable) 1870 Aloma Avenue
83 Suite 200
84 City Winter Park
85 FL
86 Zip Code 32789

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 607.0805, Florida Statutes.

SIGNATURE  Patricia M. Ashmore, President 4/26/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V NAME ASHMORE, PATRICIA M STREET ADDRESS 2111 GLENWOOD DR., #202 CITY - ST - ZIP WINTER PARK FL 32792	11 TITLE PD 12 NAME Patricia M. Ashmore 13 STREET ADDRESS 1870 Aloma Avenue, Suite 200 14 CITY - ST - ZIP Winter Park, FL 32789
TITLE CD NAME BUILDER, J. LINDSAY JR. STREET ADDRESS 390 N. ORANGE AVE., SUITE 1300 CITY - ST - ZIP ORLANDO FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE D NAME BARNES, JAMES T JR. STREET ADDRESS 1031 W. MORSE BLVD., #300 CITY - ST - ZIP WINTER PARK FL 32789	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE TD NAME EVANS, DAVID L. STREET ADDRESS 100 BROADWAY CITY - ST - ZIP OVIEDO FL	41 TITLE TSD 42 NAME David L. Evans 43 STREET ADDRESS 100 Broadway 44 CITY - ST - ZIP Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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)(k), 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 proprietor or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:  Patricia M. Ashmore, Pres. 4/25/95 (407) 644 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number