FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

Amended

DOCUMENT # N15155

1. Corporation Name

Everglades Healthcare Corporation

Principal Place of Business
c/o Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483

Mailing Address
c/o Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483

3. Date Incorporated or Qualified: 5/29/86

3a. Date of Last Report: 3/29/96

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 59-2659724 — 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

Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483

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 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: Signature, Name of Officer or Director, Title of Officer — Registered Agent's Signature — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	Donald A. Anderson	
STREET ADDRESS	200 S. Barfield Highway	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	DC	☐ DELETE
NAME	Faith Sasser	
STREET ADDRESS	212 N. Barfield Highway	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	DST	☐ DELETE
NAME	Theodore Gallo, III	
STREET ADDRESS	3351 Bacom Point Road	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	DV	☐ DELETE
NAME	Elisha Baines	
STREET ADDRESS	161 West Fourth Street	
CITY-ST-ZIP	Pahokee, FL 33476	
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	D	☐ Change ☒ Addition
1.2 NAME	Edwin Jones	
1.3 STREET ADDRESS	1135 Garden Place	
1.4 CITY-ST-ZIP	Pahokee, FL 33476	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Richard Hefernan	
2.3 STREET ADDRESS	2911 East Main Street	
2.4 CITY-ST-ZIP	Pahokee, FL 33476	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Roy Singletary	
3.3 STREET ADDRESS	250 South Lake Avenue	
3.4 CITY-ST-ZIP	Pahokee, FL 33476	
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		

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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 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: Donald A. Anderson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald A. Anderson, as President

8/15/96 — DATE

407/924-5201 — Daytime Phone #

(P) 8/20/96

CR2E034 (12/95)