FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 12:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N92000000118 (1)

1. Corporation Name

MORRISON HEALTH CARE CENTER, INC.

Principal Place of Business	Mailing Address
334 S HYDE PARK AVE TAMPA FL 33606 US	PO BOX 958 TAMPA FL 33601-0958 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3191227 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

MORRISON, ROBERT B
334 SOUTH HYDE PARK
TAMPA FL 33606

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRISON, HELEN M
STREET ADDRESS	3613 LINDELL AVENUE
CITY-ST-ZIP	TAMPA FL 33610
TITLE	SD
NAME	SMITH, MARY
STREET ADDRESS	2008 E BROAD STREET
CITY-ST-ZIP	TAMPA FL 33610
TITLE	TD
NAME	MORRISON, ROBERT B SR
STREET ADDRESS	3613 LINDELL AVENUE
CITY-ST-ZIP	TAMPA FL 33610
TITLE	D
NAME	CLAYBORNE, ALYCE
STREET ADDRESS	8216 LAGUNA LANE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	THORNTON, ANNIE
STREET ADDRESS	4612 22ND AVENUE
CITY-ST-ZIP	TAMPA FL 33605
TITLE	D
NAME	MORRISON, ROBERT B JR
STREET ADDRESS	334 S HYDE PARK AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Change / Addition — blank)

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: (HELEN M. MORRISON) Helen M. Morrison 5-1-95 813-247-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0053232