FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:15

DOCUMENT # **N94000001871 (2)**

1. Corporation Name
HEARTLAND HEALTHCARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2010 EAST GEORGIA STREET BARTOW FL 33830	2010 EAST GEORGIA STREET BARTOW FL 33830

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3235608 ☐ 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 ☐ Not Applicable ☐ **$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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASEY, ALLAN L 395 AVENUE C, NORTHWEST WINTER HAVEN FL 33883-7146	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
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	D	11 TITLE	President P	☒ Change ☐ Addition
NAME	CASEY, ALLAN L	12 NAME	E.M. Campbell	
STREET ADDRESS	395 AVENUE C, NORTHWEST	13 STREET ADDRESS	201 Avenue G, S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33883-7146	14 CITY-ST-ZIP	Winter Haven, Fl	
TITLE	D	21 TITLE	Vice-President	☒ Change ☐ Addition
NAME	BARCLAY, JAMES M	22 NAME	George A. Reich, M.D.	
STREET ADDRESS	131 N GADSDEN STREET	23 STREET ADDRESS	1040 West Lake Hamilton Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	Winter Haven, Fl 33881	
TITLE	D	31 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	KLEPPER, BRIAN R	32 NAME	Robert J. Neale	
STREET ADDRESS	3015 HARTLEY ROAD, SUITE 4A	33 STREET ADDRESS	128 Grant Road S.E.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	34 CITY-ST-ZIP	Winter HAven, Fl 33884	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	SMITHERS, CHARLES W JR	42 NAME	Seretha Tinsley	
STREET ADDRESS	3015 HARTLEY ROAD, SUITE 4A	43 STREET ADDRESS	P.O. Box 1442 NA	
CITY-ST-ZIP	JACKSONVILLE FL 32257	44 CITY-ST-ZIP	Auburndale, Fl	
TITLE	D	51 TITLE	P	☒ Change ☐ Addition
NAME	ARRINGTON, LAWRENCE W	52 NAME	Steven H. Newhouse	
STREET ADDRESS	2140 ANCHOR AVENUE	53 STREET ADDRESS	2429 Hollingsworth Hill Drive	
CITY-ST-ZIP	DELAND FL 32720	54 CITY-ST-ZIP	Lakeland, Fl 33803	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.M. Campbell 5-2-95 (813)299-1238
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067834