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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90149 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002788					
1. Corporation Name VCPHF - NAPLES, INC.					
Principal Place of Business 1321 N MAIN ST 2ND FLOOR JACKSONVILLE FL 32206 US			Mailing Address 1321 N MAIN ST 2ND FLOOR JACKSONVILLE FL 32206 US		



2. Principal Place of Business 21 325 W. Adams St. Suite, Apt. #, etc. 22 305 City & State 23 Jacksonville, FL Zip Country 24 32202 25 USA		2a. Mailing Address 26 325 W. Adams St. Suite, Apt. #, etc. 27 305 City & State 28 Jacksonville, FL Zip Country 29 32202 30 USA		3. Date Incorporated or Qualified 05/24/1996 4. FEI Number 59-3380121 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution	
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9. Name and Address of Current Registered Agent DICKINSON, BETH J 1321 N MAIN ST 2ND FLOOR JACKSONVILLE FL 32206		10. Name and Address of New Registered Agent 81 Name Matteson, Barbara J. 82 Street Address (P.O. Box Number is Not Acceptable) 325 W. Adams St. 83 Suite #305 84 City Jacksonville FL 85 Zip Code 32202	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Matteson, Barbara J., Exec. Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KNUTZEN, JAMES V STREET ADDRESS 3100 UNIVERSITY BLVD, STE 230 CITY-ST-ZIP JACKSONVILLE FL 32216	☐ DELETE	1.1 TITLE DT 1.2 NAME Knutzen, James V. 1.3 STREET ADDRESS 3100 University Blvd., ste. 230 1.4 CITY-ST-ZIP Jacksonville, FL 32216	☒ Change ☐ Addition
TITLE D NAME BRYANT, MICHAEL STREET ADDRESS 157 E. 8TH ST., STE. 116 CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	2.1 TITLE DS 2.2 NAME Bryant, Michael 2.3 STREET ADDRESS 1131 N. Laura St. 2.4 CITY-ST-ZIP Jacksonville, FL 32203	☒ Change ☐ Addition
TITLE VSTD NAME MOORE, TERRY A STREET ADDRESS 50 N. LAURA ST., STE-3100 CITY-ST-ZIP JACKSONVILLE FL	☒ DELETE	3.1 TITLE DV 3.2 NAME Buxbaum, Gerald 3.3 STREET ADDRESS 103A Solana Rd. 3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE PD NAME ARNALL, JOSEPH STREET ADDRESS PO BOX 50307 NA CITY-ST-ZIP JACKSONVILLE FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 103A Solana Rd. 4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE D NAME CLEVELAND, HOLLY STREET ADDRESS 225 WATER ST, 2ND FL CITY-ST-ZIP JACKSONVILLE FL 32202	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99 (904) 353-0891

CR2E037 (1/1/98)