FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00595 (9)

1. Corporation Name

HEALTH RESOURCES CORPORATION OF AMERICA - FLORIDA

Principal Place of Business	Mailing Address
3401 W. END AVE. SUITE 700 NASHVILLE TN 37203	3401 W. END AVE. SUITE 700 NASHVILLE TN 37203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 76-0087103 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
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	CCEO	1.1 TITLE	D/CEO	☒ Change ☐ Addition
NAME	BURKLOW, BRYAN	1.2 NAME		
STREET ADDRESS	17300 N. W. 7TH AVENUE, SUITE 204	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PITTS, KEITH B	2.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	JOHNSON, JAMES H.	3.2 NAME	Karen H. Abbott	
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	3.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	TONNIES, RUSSELL F.	4.2 NAME		
STREET ADDRESS	3401 WEST END AVENUE, STE. 700	4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE	VIAS	☒ Change ☒ Addition
NAME	CATLIN, DAVID	5.2 NAME	Ronald P. Soltman	
STREET ADDRESS	160 NW 170TH STREET	5.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	EPCF	6.1 TITLE	AS	☒ Change ☒ Addition
NAME	MAXION, CHARLENE	6.2 NAME	Richard A. Parr II	
STREET ADDRESS	160 NW 170TH STREET	6.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	6.4 CITY-ST-ZIP	Nashville, TN 37203	

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: Karen H. Abbott Karen H. Abbott 4/20/95 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0384426 CP