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1997 MAR 25 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P00595

(9)

1. Corporation Name

HEALTH RESOURCES CORPORATION OF AMERICA - FLORID
A

Principal Place of Business

3401 W. END AVE.
SUITE 700
NASHVILLE TN 37203

Mailing Address

PO BOX 1200
NASHVILLE TN 37202

2. Principal Place of Business

21 3820 State Street
Suite, Apt. #, etc.

22 City & State

23 Santa Barbara, CA

24 Zip 93105 Country USA

2a. Mailing Address

26 c/o Mary H. Yumibe
Suite, Apt. #, etc.

27 3820 State Street

28 City & State

28 Santa Barbara, CA

29 Zip 93105 Country USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
01/16/1984

3a. Date of Last Report
04/02/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

900002123879--6
-03/25/97-01085-006
****165.00 FL ****165.00

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DOCE
NAME BIANCO, DOMINICK
STREET ADDRESS 17300 N. W. 7TH AVENUE, SUITE 204
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE D
NAME PITTS, KEITH B
STREET ADDRESS 3401 WEST END AVENUE, STE. 700
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE AS
NAME ABBOTT, KAREN H
STREET ADDRESS 3401 WEST END AVENUE, STE. 700
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE VT
NAME TONNIES, RUSSELL F.
STREET ADDRESS 3401 WEST END AVENUE, STE. 700
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE VAS
NAME SOLTMAN, RONALD P
STREET ADDRESS 3401 WEST END AVENUE STE 700
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

TITLE AS
NAME PARR, RICHARD A II
STREET ADDRESS 3401 WEST END AVE STE 700
CITY-ST-ZIP NASHVILLE TN

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Michael H. Focht, Sr.

1.3 STREET ADDRESS 3820 State Street

1.4 CITY-ST-ZIP Santa Barbara, CA 93105

2.1 TITLE DVS ☐ Change ☒ Addition

2.2 NAME Scott M. Brown

2.3 STREET ADDRESS 3820 State Street

2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE VCFO ☐ Change ☒ Addition

3.2 NAME Trevor Fetter

3.3 STREET ADDRESS 3820 State Street

3.4 CITY-ST-ZIP Santa Barbara, CA 93105

4.1 TITLE VT ☐ Change ☒ Addition

4.2 NAME Terence P. McMullen

4.3 STREET ADDRESS 3820 State Street

4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME Alan Lundgren

5.3 STREET ADDRESS 3820 State Street

5.4 CITY-ST-ZIP Santa Barbara, CA 93105

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Scott M. Brown, Secretary

3/14/97

805/563-7075

CR2E034 (9/96)