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 APR 14 AM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27157

1. Corporation Name
FLORIDA HEALTHCARE PROFESSIONALS, INC. P27157 (7)

Principal Place of Business
22 S PACK SQ SUITE 700
ASHEVILLE, NC 28801-3524

Mailing Address
22 S PACK SQ SUITE 700
ASHEVILLE, NC 28801-3524

DO NOT WRITE IN THIS SPACE.

Year Incorporated or Qualified: 12/01/1989 | Date of Last Report:

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

4. FEI Number: 62-1273908 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S 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	PRESIDENT/DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	LEE, WILLIAM E., JR.	12 NAME	
STREET	22 S PACK SQ SUITE 700	13 STREET ADDRESS	
CITY	ASHEVILLE, NC 28801	14 CITY-ST-ZIP	
TITLE	V P - ADMINISTRATION	21 TITLE	☐ Change ☐ Addition
NAME	JONES, JULIE	22 NAME	400001457534
STREET	22 S PACK SQ SUITE 700	23 STREET ADDRESS	-04/17/95--01006--026
CITY	ASHEVILLE, NC 28801	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	SECRETARY/TREASURER/DIR	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, LOUIS D., II	32 NAME	
STREET	6075 POPLAR AVE SUITE 222	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 38119	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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 no address.

SIGNATURE: _____ 4/13/95 (704) 253-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William E. Lee, Jr., President