

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P27157 (7)

1. Corporation Name
FLORIDA HEALTHCARE PROFESSIONALS, INC.

Principal Place of Business
330 RIDGEFIELD COURT
ASHEVILLE NC 28806-2210
US

Mailing Address
330 RIDGEFIELD COURT
ASHEVILLE NC 28806-2210
US



2. Principal Place of Business
21 330 RIDGEFIELD CT
State Apt. #, etc.
22 RIDGEFIELD BUS. CENTER
City & State
23 ASHEVILLE, NC
Zip Country
24 28806 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date incorporated or Qualified 12/01/1989
3a. Date of Last Report 08/08/1996
4. FEI Number 62-1273048 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 (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 P
1.2 LEE, JR. W
1.3 330 RIDGEFIELD COURT
1.4 ASHEVILLE NC
1.5 STD
1.6 HAMRIC, LOUIS D.
1.7 6075 POPLAR AVENUE, 222
1.8 MEMPHIS TN
1.9 TD
1.10 HAMRIC, LOUIS D.
1.11 6075 POPLAR AVENUE, 222
1.12 MEMPHIS TN
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition
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)(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: William E. Lee, Jr. / William E. Lee, Jr. / Pres. 3/17/97 (704) 665-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)