04021999-90066-022-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90066 022 ***150.00

DOCUMENT # P36655

1. Corporation Name
WHITE KNIGHT HEALTHCARE, INC.

Principal Place of Business	Mailing Address
94 GLENN BRIDGE ROAD ARDEN NC 28704 US	P.O. BOX 300 ARDEN NC 28704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1991

4. FEI Number: 25-1662265 ☐ 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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~TAYLOR, ROBERT~~ Migo Nalbantyan		1.2 NAME	Migo Nalbantyan	
STREET ADDRESS	4320 INTERNATIONAL BLVD NW		1.3 STREET ADDRESS	650 Engineering Drive	
CITY-ST-ZIP	NORCROSS GA		1.4 CITY-ST-ZIP	Norcross, GA 30092	
TITLE	VPS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HONEYCUTT, TRAVIS		2.2 NAME		
STREET ADDRESS	4320 INTERNATIONAL BLVD NW		2.3 STREET ADDRESS	650 Engineering Drive	
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP	Norcross, GA 30092	
TITLE	VPAS	☒ DELETE	3.1 TITLE	VPS	☐ Change ☒ Addition
NAME	HARLOW, C. FRED		3.2 NAME	Dan Lee	
STREET ADDRESS	4320 INTERNATIONAL BLVD		3.3 STREET ADDRESS	650 Engineering Drive	
CITY-ST-ZIP	PITTSBURGH PA		3.4 CITY-ST-ZIP	Norcross, GA 30092	
TITLE	ASC	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, ROGER G.		4.2 NAME		
STREET ADDRESS	360 E. 55TH ST, APT. 10E		4.3 STREET ADDRESS	602 Lehmberg Rd.	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Columbus, MS 39702	
TITLE	BM	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	HENDRIX, ROSDON		5.2 NAME	Peter A. Schmitt	
STREET ADDRESS	4320 INTERNATIONAL BLVD NW		5.3 STREET ADDRESS	150 May Glen Way	
CITY-ST-ZIP	NORCROSS GA		5.4 CITY-ST-ZIP	Roswell, GA 30076	
TITLE	VP of Operations	☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	Robert E Jones		6.2 NAME	Robert E Jones	
STREET ADDRESS	370 Airport Road		6.3 STREET ADDRESS	370 Airport Road	As of 6/30/99
CITY-ST-ZIP	Arden NC 28704-2400		6.4 CITY-ST-ZIP	Arden, NC 28704	

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 607, 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: Robert E Jones 3/31/99 828 689-0940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)