SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $578)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 4:12

DOCUMENT # **P93000010115 (2)**

1. Corporation Name

MANAGED 24-HOUR HEALTH CARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
6550 FIRST AVE N ST PETERSBURG FL 33710	6550 FIRST AVE N ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993	3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-3154101	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1135 Pasadena Ave. S	26 1135 Pasadena Ave S.
Suite, Apt. #, etc. 22 # 305	Suite, Apt. #, etc. 27 #305
City & State 23 St. Petersburg, FL.	City & State 28 St. Petersburg, FL.
Zip 24 33707 Country 25	Zip 29 33707 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VENABLE, JOSEPH P 1400 4TH AVE WEST BRADENTON FL 34205	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 X _____ X _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, DARLA J	1.2 NAME	
STREET ADDRESS	915 133RD ST EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, TERESA D	2.2 NAME	
STREET ADDRESS	710 115TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	SOUTH, WENDY S	3.2 NAME	
STREET ADDRESS	2661 BROWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARTIN GA 30557	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZICKAFOOSE, STEVEN C	4.2 NAME	
STREET ADDRESS	2738 36TH AVE. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	HANLEY, KIMBERLY C	5.2 NAME	
STREET ADDRESS	615 SW 226TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, D M	6.2 NAME	
STREET ADDRESS	563 EDENS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PICKENS SC 29671	6.4 CITY-ST-ZIP	

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: X Teresa D. Livingston Teresa D. Livingston 7/17/95 (813)345-3342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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