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
[illegible] 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000040135 (4)

1. Corporation Name

BELMAC HEALTHCARE CORPORATION

Principal Place of Business:
4830 W. KENNEDY BLVD., SUITE 550
ONE URBAN CENTRE
TAMPA FL 33609-2517

Mailing Address:
4830 W. KENNEDY BLVD., SUITE 550
ONE URBAN CENTRE
TAMPA FL 33609-2517

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3183925 ☐ 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 / Suite, Apt # etc. / City & State / Zip / Country (blank)

9. Name and Address of Current Registered Agent

PRICE, MICHAEL D
4830 W. KENNEDY BLD.
STE. 550
TAMPA FL 33609

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: [signature] Michael D. Price VP, CFO 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☒ Change ☐ Addition
NAME	BOULBEE, DONALD E	NAME	delete entirely
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D	2 TITLE	☒ Change ☐ Addition
NAME	STEWART, RANALD JR.	NAME	delete entirely
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609-2517	CITY-ST-ZIP	
TITLE	VD	3 TITLE	P D ☒ Change ☐ Addition
NAME	STOTE, ROBERT M M.D.	NAME	
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609-2517	CITY-ST-ZIP	
TITLE	STD	4 TITLE	V S T D ☒ Change ☐ Addition
NAME	PRICE, MICHAEL D	NAME	
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 550	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		5 TITLE	D ☐ Change ☒ Addition
NAME		NAME	KAISER, TERESA E
STREET ADDRESS		STREET ADDRESS	4830 W. Kennedy Blvd., #550
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33609-2517
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: [signature] Michael D. Price Vice President CFO 4/28/95 813-286-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0294398 CP