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 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040443 (2)**

1. Corporation Name
HEALTH ENTERPRISES OF NAMPLES, INC.

Principal Place of Business	Mailing Address
4951 TAMIAMI TRAIL NORTH NAPLES FL 33940	4951 TAMIAMI TRAIL NORTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1993**
3a. Date of Last Report: **03/29/1994**

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

4. FEI Number: **65-0408016** ☐ 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. Does corporation have liability for intangible tax under § 199.032, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HENNING, CHRISTIAN F JR
4951 TAMIAMI TRAIL NORTH
NAPLES FL 33940

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 Section 607.0502 and 607.1908, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and/or changing, by the corporation's board of directors, directly accept the appointment as registered agent and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

Title	P
Name	ROSKIN, JOSEPH A
Street Address	555 SKOKIE BLVD, STE 285
City-State-Zip	CHICAGO IL
Title	V
Name	HENNING, CHRISTIAN F JR
Street Address	4951 TAMIAMI TR N STE 3
City-State-Zip	NAPLES FL
Title	ST
Name	MICHNA, ANDREA
Street Address	555 SKOKIE BLVD, STE 285
City-State-Zip	CHICAGO IL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that this entity qualifies to file this report. I further certify that the information indicated on this report or supplemental 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 with an indication of my office.

SIGNATURE: Christ F. Henning Jr. 5/1/95 813-434-9410
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Telephone Number

0320501 CP