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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:56

DOCUMENT # **P93000064428 (4)**

1. Corporation Name
AMERX HEALTH CARE CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
440 S GULFVIEW BLVD 1702 N CLEARWATER FL 34630 US	440 S GULFVIEW BLVD 1702 N CLEARWATER FL 34630 US

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1150 Cleveland St	26 1150 Cleveland St
Suite, Apt. #, etc. 22 SUITE 410	Suite, Apt. #, etc. 27 SUITE 410
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34615 Country 25 US	Zip 29 34615 Country 30 US.

4. FEI Number: 59-3201771 ☐ 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	10. Name and Address of New Registered Agent
ANDERSON, JAMES B 440 S. GULFVIEW BLVD. #1702N CLEARWATER FL 34630	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1150 Cleveland St. 83 Suite 410 84 City: Clearwater FL 85 Zip Code: 34615

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] James B Anderson 1-16-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP D ☒ Change ☐ Addition
NAME	ANDERSON, JAMES B	1.2 NAME	
STREET ADDRESS	2350 NE COACHMAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	
TITLE	~~PD~~	2.1 TITLE	P ☐ Change ☒ Addition
NAME		2.2 NAME	Tom Howard
STREET ADDRESS		2.3 STREET ADDRESS	1655 Sheffield Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE		3.1 TITLE	VP-Sales ☐ Change ☒ Addition
NAME		3.2 NAME	RICHARD GALLOWAY
STREET ADDRESS		3.3 STREET ADDRESS	1908 CARRIAGE CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 added to the attachment with an address.

SIGNATURE: [signature] Vice-President 1-16-95 813-443-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380002 CP