

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**600001472418
-05/08/95--01028--012
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000000318 (3)

1. Corporation Name
ARBOR HEALTH SYSTEMS, INC.

Principal Place of Business: **2590 MODAC TRAIL
MAITLAND FL 32751**

Mailing Address: **2590 MODAC TRAIL
MAITLAND FL 32751**

3. Date Incorporated or Qualified: **01/01/1994**

3a. Date of Last Report: **N/A (with)**

2. Principal Place of Business

21 **110 UNIVERSITY PARK DR**

22 **SUITE 115**

23 **WINTER PARK**

24 **32792**

25 **Orange**

26 **P.O. Box 4174**

27 **WINTER PARK,**

28 **FLORIDA**

29 **32793**

30 **Orange**

4. FEI Number: **593221410**

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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDSON, DAVID P
2590 MODAC TRAIL
MAITLAND FL 32751**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0535 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]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDSON, DAVID P	1.2 NAME	
STREET ADDRESS	2590 MODAC TRAIL	1.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL 32751	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 199, Florida Statutes, and that my name appears on Block 12 or Block 13 if change or addition of information with an addition.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/25/95

407-629-6523