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
MAY
95 MAY -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000378 (7)

1. Corporate Name
SOUTHWEST FLORIDA HEALTHCARE SERVICES, INC.

Principal Place of Business
899 VANDERBILT BEACH ROAD
SUITE 118
NAPLES FL 33963
US

Mailing Address
P.O. BOX 413005
SUITE 312
NAPLES FL 33941
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: NOT APPLICABLE — 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. The corporation has elected to be subject to the provisions of Section 607.0901, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MESICK, JEAN W
150 SAN RAFAEL LANE
NAPLES FL 33999

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 607.0501 or 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 duties of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MESICK, WILLIAM G
STREET ADDRESS	150 SAN RAFAEL LANE
CITY, ST, ZIP	NAPLES FL
TITLE	TSD
NAME	MESICK, JEAN W
STREET ADDRESS	150 SAN RAFAEL LANE
CITY, ST, ZIP	NAPLES FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and correct. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. I further certify that the corporation named in this report or application has complied with the applicable provisions of Florida Statutes. I hereby certify that I am an officer or director of the corporation or the corporation has authorized me to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am attached hereto with an address.

SIGNATURE: Jean W Mesick - JEAN W MESICK 4-28-95 813-352-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0334000 CP