FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000002661

1. Corporation Name
M D CARE, INC
MEDACARE, INC
20037 NW 85TH AVENUE
MIAMI, FL. 33015

Principal Place of Business	Mailing Address
20037 NW 85TH AVENUE MIAMI, FL. 33015	20037 NW 85TH AVENUE MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 23, 1994	3a. Date of Last Report:
21 MIAMI	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip	25 Country / 29 Zip / 30 Country
4. FEI Number: 65-0475313	☐ 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

81 Name: CARLOS D CARRANZA
82 Street Address (P.O. Box Number is Not Acceptable): 20037 NW 85TH AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33015

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: C D Carranza 07/11/95
Signature, typed 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	P/S/D	11 TITLE	☐ Change ☐ Addition
NAME	CARLOS D CARRANZA	12 NAME	
STREET ADDRESS	20037 NW 85TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL. 33015	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 on an attachment with an address.

SIGNATURE: C D Carranza 07/11/95 305-829-0861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

RECEIVED AND FILED

DOCUMENT # F94000002281

1. Corporation Name

MID-STATE AUTOMOTIVE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
485 CRAUGHEAD AVE. NASHVILLE, TN 37204	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-28-60	3a. Date of Last Report: N/A
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 62-0801236	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
C.T. CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324	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, type or printed name of registered agent and title if agent is an officer) (NOTE: Registered Agent signature required when reinstating.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VIOC	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM E. CHEEVY	12 NAME	
STREET ADDRESS	485 CRAUGHEAD AVE.	13 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	14 CITY ST ZIP	
TITLE	PID	21 TITLE	☐ Change ☐ Addition
NAME	BERNARD W. KLITH, JR.	22 NAME	
STREET ADDRESS	485 CRAUGHEAD AVE.	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	HENRY BALLARD	32 NAME	800001545298
STREET ADDRESS	485 CRAUGHEAD AVE.	33 STREET ADDRESS	-07/25/95--01060--016
CITY ST ZIP	NASHVILLE, TN 37204	34 CITY ST ZIP	****233.75 ****233.75
TITLE	VISO	41 TITLE	☐ Change ☐ Addition
NAME	STEPHEN R. BALL	42 NAME	
STREET ADDRESS	485 CRAUGHEAD AVE	43 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	44 CITY ST ZIP	
TITLE	VIT	51 TITLE	☐ Change ☐ Addition
NAME	MICHAEL W. TAYLOR	52 NAME	
STREET ADDRESS	485 CRAUGHEAD AVE.	53 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	54 CITY ST ZIP	
TITLE	CONTINUED ON ATTACHMENT	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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. 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: Michael W. Taylor MICHAEL W. TAYLOR 7/19/95 (615)383-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

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CORPORATION ANNUAL REPORT
1995

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DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	✓	11 TITLE	☐ Change ☐ Addition
NAME	CURTIS JOHNSON	12 NAME	
STREET ADDRESS	485 CRAIGHEAD AVE.	13 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	14 CITY ST ZIP	
TITLE	✓	21 TITLE	☐ Change ☐ Addition
NAME	LENNART LARSON	22 NAME	
STREET ADDRESS	485 CRAIGHEAD AVE.	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	24 CITY ST ZIP	
TITLE	✓	31 TITLE	☐ Change ☐ Addition
NAME	STEPHEN COURTNEY	32 NAME	
STREET ADDRESS	485 CRAIGHEAD AVE.	33 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	34 CITY ST ZIP	
TITLE	✓	41 TITLE	☐ Change ☐ Addition
NAME	LARRY CULLUM	42 NAME	
STREET ADDRESS	485 CRAIGHEAD AVE.	43 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	44 CITY ST ZIP	
TITLE	✓	51 TITLE	☐ Change ☐ Addition
NAME	BETTY REECER	52 NAME	
STREET ADDRESS	485 CRAIGHEAD AVE.	53 STREET ADDRESS	
CITY ST ZIP	NASHVILLE, TN 37204	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: Curtis J. Johnson Curtis J. Johnson 7/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #