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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # P94000011533 (4)

1. Corporation Name
BELMAC HEALTH CORP.

Principal Place of Business	Mailing Address
4830 W KENNEDY BLVD SUITE 550 TAMPA FL 33609-2517	4830 W KENNEDY BLVD SUITE 550 TAMPA FL 33609-2517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3241421 ☐ 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

SALEM, ALBERT M JR
4600 W KENNEDY BLVD
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: PRICE, MICHAEL D
82 Street Address (P.O. Box Number is Not Acceptable): 4830 W. Kennedy Blvd, #550
83:
84 City: TAMPA FL 85 Zip Code: 33609

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] Michael S. Price VP CFO 4/28/95
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	PD	11 TITLE	☒ Change ☐ Addition
NAME	BOULTBEE, DONALD E	12 NAME	
STREET ADDRESS	4830 W KENNEDY BLVD	13 STREET ADDRESS	delete entirely
CITY-ST-ZIP	TAMPA FL 33609-2517	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☒ Change ☐ Addition
NAME	STEWART, RANALD JR	22 NAME	
STREET ADDRESS	4830 W KENNEDY BLVD	23 STREET ADDRESS	delete entirely
CITY-ST-ZIP	TAMPA FL 33609-2517	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	PRICE, MICHAEL D	32 NAME	V S T D
STREET ADDRESS	4830 W KENNEDY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609-2517	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	P D Murphy, James R.
STREET ADDRESS		43 STREET ADDRESS	4830 West Kennedy Blvd #550
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, FL 33609
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	V D State Robert M. Blvd, #550
STREET ADDRESS		53 STREET ADDRESS	4830 W. Kennedy Blvd, #550
CITY-ST-ZIP		54 CITY-ST-ZIP	Tampa, FL 33609
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
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: [signature] Michael S. Price 4/20/95 813 286 4401
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
VP, CFO

0294307 CP