FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000015008

1. Corporation Name

INTERMEDIATE HEALTH SERVICES, INC

Principal Place of Business	Mailing Address
514 SIXTEENTH STREET ST. AUGUSTINE, FLA 32095	514 SIXTEENTH STREET ST. AUGUSTINE, FLA 32095

2. Principal Place of Business	2a. Mailing Address
21 N/A	26 N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N/A	27 N/A
City & State	City & State
23 N/A	28 N/A
Zip / Country	Zip / Country
24 N/A / 25 N/A	29 N/A / 30 N/A

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3227559 ☐ 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

MARCO VANPOETEREN
514 SIXTEENTH STREET
ST. AUGUSTINE, FLA, 32095

10. Name and Address of New Registered Agent

81 Name: MARCO VANPOETEREN
82 Street Address (P.O. Box Number is Not Acceptable): 514 SIXTEENTH STREET
83
84 City: ST. AUGUSTINE **FL** 85 Zip Code: 32095

11. Pursuant to the provisions of Sections 607.1507 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] DATE: 5.1.96

Signature, typed or printed name of registered agent and title, if applicable — (FEI: Registered Agent signature required when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	VANPOETEREN, MARCO	12 NAME	
STREET ADDRESS	514 SIXTEENTH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL, 32095	14 CITY-ST-ZIP	
TITLE	VTD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BERNIMONT, ALAIN	22 NAME	
STREET ADDRESS	38 E UNION STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA, 32202	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	400001828324
CITY-ST-ZIP		44 CITY-ST-ZIP	-05/20/96--01023--019
TITLE	☐ DELETE	51 TITLE	***225.00 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5.17.96 OR

CR2E034 (12/95)

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)(k), 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] MARCO VANPOETEREN — 5.1.96 (904) 967-4288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #