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Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000040501 (6)**

1. Corporation Name
CHAMPION HEALTHCARE INC.

Principal Place of Business	Mailing Address
7406 FULLERTON STREET SUITE 200 JACKSONVILLE FL 32256 US	7406 FULLERTON STREET SUITE 200 JACKSONVILLE FL 32256-3550 US

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report: 04/18/1996

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

4. FEI Number: 59-3286602 ☐ 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

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA STREET, 3400 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Greenberg Traurig
82 Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue
83
84 City: Miami FL 85 Zip Code: 33131

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 _____ 7-11-97
Signature, type 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, RICHARD C		1.2 NAME	
STREET ADDRESS	5773-2 NORMANDY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MINELLA, RAYMOND		2.2 NAME	
STREET ADDRESS	667 MADISONAVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HELOW, JOSEPH		3.2 NAME	
STREET ADDRESS	9140 GOLFSIDE DRIVE, SUITE 7		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SUSS, STEVE		4.2 NAME	
STREET ADDRESS	411 W. PUTNAM AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROTHSTEIN, MITCHELL		5.2 NAME	
STREET ADDRESS	1801 BARRS STREET, SUITE 810		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOWDEN, FRANK III		6.2 NAME	
STREET ADDRESS	1235 SAN MARCO BLVD., SUITE 404		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 6/6/97 (904)-579-1601