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FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

7406 FULLERTON STREET  
SUITE 200  
JACKSONVILLE FL 32256  
US

Mailing Address

7406 FULLERTON STREET  
SUITE 200  
JACKSONVILLE FL 32256  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TRAURIG, GREENBERG  
1221 BRICHELL AVE.  
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME POWELL, RICHARD C  
STREET ADDRESS 7406 FULLERTON ST., SUITE 200  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE D  
NAME MINELLA, RAYMOND  
STREET ADDRESS 867 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE D  
NAME HELOW, JOSEPH  
STREET ADDRESS 8140 GOLFSIDE DRIVE, SUITE 7  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ DELETE

TITLE D  
NAME SUSS, STEVE  
STREET ADDRESS 411 W. PUTNAM AVE.  
CITY-ST-ZIP GREENWICH CT 06830 ☒ DELETE

TITLE D  
NAME ROTHSTEIN, MITCHELL  
STREET ADDRESS 1801 BARRS STREET, SUITE 810  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ DELETE

TITLE D  
NAME BOWDEN, FRANK III  
STREET ADDRESS 1235 SAN MARCO BLVD., SUITE 404  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME PLAMANN, MARK  
2.3 STREET ADDRESS 411 WEST PUTNAM AVENUE  
2.4 CITY-ST-ZIP GREENWICH, CT 06830

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME PAREKH, DEVEN  
3.3 STREET ADDRESS 667 MADISON AVENUE  
3.4 CITY-ST-ZIP NEW YORK, NY 10021

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.