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

APPROVED AND FILED
95 MAY -1 AM 9:01
SECRETARY OF STATE

DOCUMENT # P94000057049 (6)

1. Corporation Name
MORGAN HEALTHWORKS, INC.

Principal Place of Business
777 SOUTH HARBOUR ISLAND
TAMPA FL 33602

Mailing Address
777 SOUTH HARBOUR ISLAND
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1414 Dawson Road
Suite, Apt. #, etc.
22
City & State
23 Albany GA
Zip 24 31707 Country 25 USA

2a. Mailing Address
26 1414 Dawson Road
Suite, Apt. #, etc.
27
City & State
28 Albany GA
Zip 29 31707 Country 30 USA

4. FEI Number: 59-3260497 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 ______ Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(six blank blocks)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	☑ Change ☑ Addition
1.2 NAME	O. Cole Blair	
1.3 STREET ADDRESS	1414 Dawson Road	
1.4 CITY-ST-ZIP	Albany, GA 31707	
2.1 TITLE	T	☑ Change ☑ Addition
2.2 NAME	Carol C. Lutz	
2.3 STREET ADDRESS	1414 Dawson Road	
2.4 CITY-ST-ZIP	Albany, GA 31707	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	J. Mark Strong	
3.3 STREET ADDRESS	300 5th Ave, S. Suite 20	
3.4 CITY-ST-ZIP	Naples FL 33940	
4.1 TITLE	S, D	☐ Change ☑ Addition
4.2 NAME	Sandra Garrison	
4.3 STREET ADDRESS	101 E Kennedy Blvd. Ste 1010	
4.4 CITY-ST-ZIP	Tampa, FL 33602	
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 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: O. Cole Blair (signature) 4-26-95 813-229-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0290118 CP