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 JAN 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066047 (9)

1. Corporation Name
MAGNUM HEALTH CARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
82 6TH STREET APALACHICOLA FL 32320	82 6TH STREET APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 59-3277180 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, DEBORAH
82 6TH STREET
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: Deborah Cooper Director 1-16-95
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	D	1.1 TITLE	D/Chairman	☐ Change ☒ Addition
NAME	RUTOSKEY, JOHN	1.2 NAME	Debra E. Stewart	
STREET ADDRESS	503 ROUNDABOUT DRIVE	1.3 STREET ADDRESS	131 N. Bayshore DR.	
CITY-ST-ZIP	TRUSSVILLE AL 35713	1.4 CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		2.1 TITLE	D	☐ Change ☒ Addition
NAME		2.2 NAME	Gwenice Rutoskey	
STREET ADDRESS		2.3 STREET ADDRESS	503 Roundabout Dr.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Trussville, AL35713	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Deborah Cooper	
STREET ADDRESS		3.3 STREET ADDRESS	82 6th Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

DBS 1/23

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: Debra E Stewart/Debra E Stewart 01-16-95 904-653-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0020234 CP