FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066844 (9)

1. Corporation Name

U.S. LIFE CENTERS, INC. OF ST. AUGUSTINE

Principal Place of Business	Mailing Address
% SENIOR HEALTH SERVICES INC 781 WYMORE RD MAITLAND FL 32751	% SENIOR HEALTH SERVICES INC 781 WYMORE RD MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 ST Augustine	26 1100-3 So Ponce De Leon
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Augustine FL	City & State 28 ST Augustine Fl
Zip 24 32086 Country 25 USA	Zip 29 32084 Country 30 USA

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: NA
4. FEI Number: SR 59-3278625 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIDSTATE LEGAL SUPPLY CORP 4435 OLD WINTER GARDEN RD ORLANDO FL 32811	81 Name: James E Ferguson 82 Street Address (P.O. Box Number is Not Acceptable): 1100-3 So Ponce De Leon Blvd 83 St. Augustine, FL 32084 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] April 25, 95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☒ Change ☐ Addition
NAME	SCALETTA, JOAN	12 NAME	James E Ferguson
STREET ADDRESS	781 WYMORE RD	13 STREET ADDRESS	1100-3 South Ponce De Leon Blvd
CITY-ST-ZIP	MAITLAND FL 32751	14 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: [signature] April 25, 95 904-829-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042713 CP