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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:30

DOCUMENT # **P94000087281 (9)**

1. Corporation Name
REGIONAL HEARTCARE, INC.

Principal Place of Business	Mailing Address
2699 LEE RD SUITE 100 WINTER PARK FL 32789	2699 LEE RD SUITE 100 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3259579 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** 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

WEIDNER, DONALD W
10161 CENTURION PKWY N
SUITE 190
JACKSONVILLE FL 32256

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BARRETT, ROBERT L	12 NAME		
STREET ADDRESS	801 W OAK ST SUITE 202	13 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 32741	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DAVID, WILLIAM J	22 NAME		
STREET ADDRESS	209 SAN CARLOS AVE	23 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GRULLON, CARLOS P	32 NAME		
STREET ADDRESS	209 SAN CARLOS AVE	33 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	P	XX ☐ Change ☐ Addition
NAME	KARUNARATNE, H.B.	42 NAME	Karunaratne, H.B.	
STREET ADDRESS	2699 LEE RD SUITE 100	43 STREET ADDRESS	2699 Lee Road, Suite 100	
CITY-ST-ZIP	WINTER PARK FL 32789	44 CITY-ST-ZIP	Winter Park, Fl 32789	
TITLE	D	51 TITLE	S/T	XX ☐ Change ☐ Addition
NAME	KIM, JAE S	52 NAME	Kim, Jae S.	
STREET ADDRESS	585 MAITLAND AVE	53 STREET ADDRESS	585 Maitland Ave.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	54 CITY-ST-ZIP	Altamonte Springs, Fl 32701	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MASSEY, JOHNSON P	62 NAME		
STREET ADDRESS	801 W OAK ST SUITE 202	63 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 32741	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 alteration.

SIGNATURE: X H.B. Karunaratne, M.D. 3/27/95 (407) 647-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0047612 CP