

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087281 (9)

1. Corporation Name

REGIONAL HEARTCARE, INC.



Principal Place of Business

2699 LEE RD
SUITE 100
WINTER PARK FL 32789

Mailing Address

2699 LEE RD
SUITE 100
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/30/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3259579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

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 or officer and director, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BARRETT, ROBERT L
801 W OAK ST SUITE 202
KISSIMMEE FL 32741 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
DAVID, WILLIAM J
209 SAN CARLOS AVE
SANFORD FL 32771 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
GRULLON, CARLOS P
209 SAN CARLOS AVE
SANFORD FL 32771 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
KARUNARATNE, H.B.
2699 LEE RD SUITE 100
WINTER PARK FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
KIM, JAE S
585 MAITLAND AVE
ALTAMONTE SPRINGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MASSEY, JOHNSON P
801 W OAK ST SUITE 202
KISSIMMEE FL 32741 ☐ 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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(407)767-9111

CR2E034 (12/95)