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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32789-1738

3. Date Incorporated or Qualified

11/30/1994

3a. Date of Last Report

03/11/1996

4. FEI Number

59-3259579

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WEIDNER, DONALD W
10101 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

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, ROBERT L	
STREET ADDRESS	801 W OAK ST SUITE 202	
CITY - ST - ZIP	KISSIMMEE FL 32741	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, WILLIAM J	
STREET ADDRESS	209 SAN CARLOS AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRULLON, CARLOS P	
STREET ADDRESS	209 SAN CARLOS AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KARUNARATNE, H.B.	
STREET ADDRESS	2699 LEE RD SUITE 100	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KIM, JAE S	
STREET ADDRESS	585 MAITLAND AVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, JOHNSON P	
STREET ADDRESS	801 W OAK ST SUITE 202	
CITY - ST - ZIP	KISSIMMEE FL 32741	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)