

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90196 050 ***158.75

DOCUMENT # P95000027992

1. Corporation Name
LIBERTY-LHC, CORP.

Principal Place of Business
PKWY FINANCIAL CTR
2150 GOODLETTE RD #800
NAPLES FL 34102

Mailing Address
PKWY FINANCIAL CTR
2150 GOODLETTE RD #800
NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number
58-1894846

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2150 Goodlette Rd.

26 2150 Goodlette Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27 Suite 600

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

24 34102

25 USA

Zip

Country

29 34102

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME WAGNER, GEORGE P JR
STREET ADDRESS 2150 GOODLETTE RD S, #800
CITY-ST-ZIP NAPLES FL

1.1 TITLE CEO/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Suite 600
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME PARRISH, ALAN D
STREET ADDRESS 2150 GOODLETTE RD, SUITE 800
CITY-ST-ZIP NAPLES FL

2.1 TITLE COO/P/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS Suite 600
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME OSWALD, SHARON H
STREET ADDRESS 2150 GOODLETTE RD, SUITE 800
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Suite 600
3.4 CITY-ST-ZIP

TITLE SV ☐ DELETE
NAME MATTHEWS, DAVID H
STREET ADDRESS 3450 ASHEVILLE HWY
CITY-ST-ZIP HENDERSONVILL NC

4.1 TITLE Sr.V/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME BATEMAN, NORTON C
STREET ADDRESS 914 MILL RD.
CITY-ST-ZIP GOLDSBORO NC 27534

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE S/T
6.2 NAME THOMAS E. RAWLES, JR. ☐ Change ☒ Addition
6.3 STREET ADDRESS 2150 Goodlette Rd. Suite 600
6.4 CITY-ST-ZIP Naples, FL 34102

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/99

941-262-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)