

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000031973 (7)

1. Corporation Name

ANDERSON HEALTH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

511 ORIOLE AVENUE
MIAMI SPRINGS FL 33166

511 ORIOLE AVENUE
MIAMI SPRINGS FL 33166

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

4. FEI Number

65-0578926

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 income tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOTT, GEORGE J
5975 SUNSET DRIVE
SUITE 302
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name Lawrence M. Ploucha, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
1946 Tyler Street

83

84 City Hollywood

FL 85 Zip Code

33022-2088

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, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

[Signature]

LM PLOUCHA

(NOTE: Registered Agent's signature required when changing agent)

6-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D ANDERSON, WAYNE O
STREET ADDRESS 511 ORIOLE AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ DELETE
NAME P ANDERSON, DAVID P
STREET ADDRESS 511 ORIOLE AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ DELETE
NAME T ANDERSON, OLIVER D
STREET ADDRESS 511 ORIOLE AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-96

305-888-0522

CR2E034 (3/96)