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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000073820 (9)

COUNTRY HEALTH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9711 OVERSEAS HWY MARATHON FL 33050

9711 OVERSEAS HWY MARATHON FL 33050

FILED Feb 08 1996 8:00 am Secretary of State



						3. Date incorpor	rated or Qualified	Ju. 50.0	of Last Rep	2011
Principal Pla	ce of Business	2a, Mailing Addres	s			4. FEI Number	00.1		T A	oplied For
T THIODPAILT IS	oo (ii Posiiloso	26				165-01	2434	9	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi				
City & State		City & State				6. Election Carr	paign Financing		\$5.00	May Be
Only it attaile		28				Trust Fund C			Added	to Fees
Zipi	Country	Zip	Coo	untry		8. This corporat	ion has liability for	intangible tax	k under s. 1	199.032,
	25	29	30	•		Florida Statu		. □ No		
	9. Name and Address of Curre			Γ		10. Name and	Address of New F	Registered A	Agent .	
	3			81	Name			·-···		
DECLIT	DOBERT					/50 D. Mark	er in Not Assessed	nlo)		
BEUHI	, ROBERT			82 Street Addi		ess (P.O. Box Number is Not Acceptable)				
	EVERSEAS HWY			83						
MARAT	'HON FL 33050									
				84	City			E1	85 Zip	Code
								FL.	noina ito ro	oictored office
. Pursuant t	o the provisions of Sections 607,050 ad agent, or both, in the State of Flor	02 and 607.1508, Florida rida. Such change was a	Statutes, the ab uthorized by the	ove-na romon	ımed corpor ration's boar	ration submits this st rd of directors. I here	atement for the po	pointment as	registered	agent. I am
or registere familiar wil	nd agent, or both, in the State of Flor h, and accept the obligations of, Sec	ction 607.0505, Florida S	talutes.	COIPOI	indion o oou	D D. G. GOLGES G. C. C. C.	,,		·	•
	3									
SNATURE .	Supporture types or printed name of registered agen	intandithe happinates	(NOTE: Registers	ed Agent s	signature recipira	ki when reinstating)		DATE		
		ND DIRECTORS	13.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
f	D	DELF!	TE 11	TITLE	7		_	_	_,	Addition
	_	DELF.			7	Theresa '	B. Cle			Nontreas
Mι	BECHT, ROBERT	DELF.			ADDRESS 2	Theresa 826 BA	B. Cle			Montion
AT EET ADORESS	BECHT, ROBERT 9711 OVERSEAS HWY	☐ D€LF			ADDRESS 2	heresa 826 Bai Um Beack	B.Cle yonne Garden			410
VI EET ADORESS Y-S]-ZIP	BECHT, ROBERT	☐ DELE			ADDRESS 2 - ZIP PA	heresa 826 BAI Ilm Beack	B. Cle yonne 1 Garden			Addition
ME EET ADORESS Y-S1-ZIP LE	BECHT, ROBERT 9711 OVERSEAS HWY		1.2 l 1.3 l 1.4 l 1.5 l	NAME STREET A CITY-ST- TITLE	ADDRESS 2	heresa 826 BA Ilm Beack	B. Cle yonne 1 Garden			410
AT EET ADORESS E-ST-ZOP E	BECHT, ROBERT 9711 OVERSEAS HWY		1.21 1.3: 14 1E 2.1 22	NAME STREET A CITY-ST- TITLE NAME	ADDRESS 2 - ZIP Pa	heresa 826 Bai Ilm Beack	B. Cle yonne 1 Garden			410
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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:

ALLOW B. Cleveland THERESH B. CLEVELANT ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONTROLLE

2/5/96/407/6272550