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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000079009 (3)**

1. Corporation Name
SUNHEALTH FLORIDA HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~1900 SUMMIT TOWER BLVD.~~ ~~SUITE 1060~~ ~~ORLANDO FL 32810~~	~~1900 SUMMIT TOWER BLVD.~~ ~~SUITE 1060~~ ~~ORLANDO FL 32810~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1995

2. Principal Place of Business
21 Interlachen Corp. Center
Suite, Apt. #, etc.
22 Suite 111
City & State
23 1211 Semoran Blvd.
Casselberry, FL
24 Country
25 32707

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3349420 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLERTON, THOMAS
% SUNHEALTH CARE PLANS OF FLORIDA
~~1900 SUMMIT TOWER BLVD., SUITE 1060~~
~~ORLANDO FL 32810~~ Interlachen Corporate Center
Suite 111, 1211 Semoran Blvd.
Casselberry, Fl. 32707

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: T. Allerton 1-6-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	D	☐	1.1 TITLE	Chairman - Phillip Boyce	☑ ☐
NAME	LIND, RICHARD		1.2 NAME		
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		1.3 STREET ADDRESS	Mission Health, Inc.	
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CITY-ST-ZIP	720 Gilmore St. Suite 600 Jacksonville, Fla. 32204	
TITLE	D	☐	2.1 TITLE	Vice Chairman -	☑ ☐
NAME	COVERT, MICHAEL		2.2 NAME	Richard Lind	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		2.3 STREET ADDRESS	Memorial Health Systems	
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CITY-ST-ZIP	875 Sterthaus Ave. Ormond Beach 32174	
TITLE	D	☐	3.1 TITLE	secretary/Treasurer	☑ ☑
NAME	MURPHY, FRANK		3.2 NAME	Lance Anastasio	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		3.3 STREET ADDRESS	Winter Haven Hospital	
CITY-ST-ZIP	ORLANDO FL 32810		3.4 CITY-ST-ZIP	200 Ave F, N.E., Winter Haven, 33881	
TITLE	D	☐	4.1 TITLE	Director:	☑ ☐
NAME	CRONE, WILLIAM		4.2 NAME	Thomas D. Allerton	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		4.3 STREET ADDRESS	Interlachen Corporate Center. Suite 111	
CITY-ST-ZIP	ORLANDO FL 32810		4.4 CITY-ST-ZIP	1211 Semoran Blvd., Casselberry, Fla 32707	
TITLE	D	☐	5.1 TITLE		☐ ☐
NAME	WERNER, THOMAS		5.2 NAME		
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		5.4 CITY-ST-ZIP		
TITLE	D	☐	6.1 TITLE		☐ ☐
NAME	ALLERTON, THOMAS		6.2 NAME		
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: T. Allerton 1-6-98 407-660-1876