

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080227 (8)

1. Corporation Name

HCPIII WOODBRIDGE, INC.



Principal Place of Business

Mailing Address

2415 S VOLUSIA AVE., #A4
ORANGE CITY FL 32763

2415 S VOLUSIA AVE., #A4
ORANGE CITY FL 32763

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 689 Deltona Blvd.

2a. Mailing Address

26 689 Deltona Blvd.

4. FEI Number

59-3347315

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Deltona, FL

28 Deltona, FL

Zip

Country

24 32725

25 USA

Zip

Country

29 32725

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOETZ, GALEN
2415 S VOLUSIA AVE., #A4
ORANGE CITY FL 32763

81 Name

Goetz, Galen

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

689 Deltona Blvd.

83

84 City

Deltona

FL

85 Zip Code

32725

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 substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Laverne P. Herzog | |
| 1.3 STREET ADDRESS | 689 Deltona Blvd. | |
| 1.4 CITY-ST-ZIP | Deltona, FL 32725 | |
| 2.1 TITLE | C/CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | W. STEWART SWAIN | |
| 2.3 STREET ADDRESS | 6000 MEADOWBROOK MALL #200 | |
| 2.4 CITY-ST-ZIP | CLEMMONS, NC 27012 | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | FAYE HUTCHINS | |
| 3.3 STREET ADDRESS | 6000 MEADOWBROOK MALL, #200 | |
| 3.4 CITY-ST-ZIP | CLEMMONS, NC 27012 | |
| 4.1 TITLE | T/V/CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BECKY MUENCHOW | |
| 4.3 STREET ADDRESS | 6000 MEADOWBROOK MALL, #200 | |
| 4.4 CITY-ST-ZIP | CLEMMONS, NC 27012 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | PLEASE SEE ATTACHED ADDENDUM | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 500001783485 | |
| 6.3 STREET ADDRESS | -04/17/96--01022--022 | |
| 6.4 CITY-ST-ZIP | ***200.00 | |

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 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

Laverne P. Herzog

4/12/96

407-860-0689

CR2E034 (12/95)

ADDENDUMOFFICERS

Chief Executive Officer, Vice
President, Chairman of the
Board and Assistant Secretary: W. Stewart Swain
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

President, Vice President
and Assistant Secretary: Laverne P. Herzog
689 Deltona Blvd.
Deltona, Florida 32725

Vice President of
Operations: Jewel Austin
2828 Winding Way
Lilburn, Georgia 30247

Regional
Vice President: Bruce Covell, Jr.
6655 Southwest 7th
Margate, Florida 33068

Vice President, Director of
Reimbursement, and Assistant
Secretary: Troy Curry
600 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Vice President, Treasurer, Chief
Financial Officer and Assistant
Secretary: Becky Muenchow
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Secretary: Faye Hutchins
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Assistant Secretary: Jo Ann Page
689 Deltona Blvd.
Deltona, Florida 32725