FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000091409

1. Corporation Name
HEALTH CARE ASSOCIATES OF THE TREASURE COAST, INC.

Principal Place of Business / Mailing Address
9474 South U.S. One
Port St. Lucie, FL 34952

3. Date Incorporated or Qualified: November, 30, 1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 12478
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28: Fort Pierce, FL
Zip — 24:
Country — 25:
Zip — 29: 34979
Country — 30: St. Lucie

4. FEI Number: 65-0642009 — 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

9. Name and Address of Current Registered Agent
Gregory Blackman
9474 South U.S. One
Port St. Lucie, FL 34952

10. Name and Address of New Registered Agent
81 Name: Lawrence Ross
82 Street Address (P.O. Box Number is Not Acceptable): ~~3305~~ South U.S. One
83 ~~Port St. Lucie~~ Fort Pierce
84 City: ~~Port St. Lucie~~ Fort Pierce FL 85 Zip Code: 34952

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] 4/29/96
Signature, typed or printed name of registered agent and the date adopted
(NOTE: Required: Attach signature section after notarization)
DATE

12. OFFICERS AND DIRECTORS

TITLE	Lawrence Ross, Pres. ☐ DELETE
NAME	~~9474 U.S. One~~ 3305 S US Hwy One,
STREET ADDRESS	~~Port St. Lucie~~ FL 34982
CITY-ST-ZIP	Ft Pierce
TITLE	Gregory Blackman, Dir. ☐ DELETE
NAME	9474 U.S. One
STREET ADDRESS	Port St. Lucie FL 34952
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	100001842751
5.3 STREET ADDRESS	-05/29/96--01073--030
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	5-1-96
6.3 STREET ADDRESS	
6.4 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 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] Dr Lawrence ROSS 4/29/96 401 460-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)