FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000095116

1. Corporation Name

FLORIDA HEALTHSYSTEMS, CORPORATION

Principal Place of Business
3055 CARDINAL DRIVE
SUITE 201A
VERO BEACH, FL 32963

Mailing Address
P.O. BOX 3787
VERO BEACH, FL 32964

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report: 06/07/1996

2. Principal Place of Business
21 1601 BELVEDERE RD.
22 Suite, Apt. #, etc.: 500-E
23 City & State: WEST PALM BEACH, FL
24 Zip: 33406
25 Country: PALM BEACH

2a. Mailing Address
26 1601 BELVEDERE RD.
27 Suite, Apt. #, etc.: 500-E
28 City & State: WEST PALM BEACH, FL
29 Zip: 33406
30 Country: PALM BEACH

4. FEI Number: 65-0633022 ☐ 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

PERKINS, TED H.
3055 CARDINAL DRIVE, SUITE 201A
VERO BEACH, FL 32963

10. Name and Address of New Registered Agent

81 Name: GIGLIOTTI, ANTHONY J.
82 Street Address (P.O. Box Number is Not Acceptable): 1601 BELVEDERE RD., SUITE 500-E
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33406

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: (Anthony J. Gigliotti) 4-30-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	D/P/S/T ☐ Change ☒ Addition
NAME	PERKINS, TED H.	1.2 NAME	GIGLIOTTI, ANTHONY J.
STREET ADDRESS	3055 CARDINAL DR., SUITE 201A	1.3 STREET ADDRESS	1601 BELVEDERE RD., STE. 500-E
CITY-ST-ZIP	VERO BEACH, FL 32963	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002175945
STREET ADDRESS		6.3 STREET ADDRESS	-05/13/97--01006--001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

5-6-97

CR2E034 (9/96)

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 a director or officer 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: (Anthony J. Gigliotti) 4-30-97 561-684-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #