

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095116
1. Corporation Name

FLORIDA HEALTHSYSTEMS, CORPORATION

Principal Place of Business	Mailing Address
3055 CARDINAL DRIVE SUITE 201A VERO BEACH, FL 32963	P.O. BOX 3787 VERO BEACH, FL 32964

3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business 21 1601 BELVEDERE RD. Suite, Apt. #, etc. 22 500-E City & State 23 WEST PALM BEACH, FL Zip 24 33406	2a. Mailing Address 26 1601 BELVEDERE RD. Suite, Apt. #, etc. 27 500-E City & State 28 WEST PALM BEACH, FL Zip 29 33406	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
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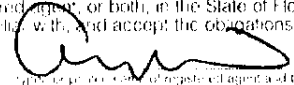
9. Name and Address of Current Registered Agent

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	85 Zip Code FL 33406
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11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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																																																																																																																																				
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14. I declare under penalty of perjury 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 included 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 #

CR2E034 (9/96)