2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600050042 May 17, 2000 8:00 am Secretary of State HERITAGE/SUMMIT HEALTH CARE OF FLORIDA, INC. 05-17-2000 90863 031 ***150.00 Mailing Address Principal Place of Business 2310 A-Z PARK ROAD 2310 A-Z PARK ROAD LAKELAND FL 33801 LAKELAND FL 33801-6880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3385208 Not Applicable Country Country.....\... \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HODGES, RICKY T Street Address (P.O. Box Number is Not Acceptable) 2310 A-Z PARK ROAD LAKELAND FL 33801 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PDK Change ☐ Addition Delete TITLE TITLE Ricky T. Hodges BULL, WILLIAM B NAME NAME STREET ADDRESS 2310 A-Z Park Road STREET ADDRESS 2310 A-Z PARK ROAD CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801 LAKELAND FL X Delete ☐ Addition K Change TITLE TITLE WALL, RUSSELL L NAME John D. Hanselman NAME STREET ADDRESS 2310 A-Z PARK ROAD STREET ADDRESS 2310 A-Z Park Road CITY-ST-ZIP CITY-ST-7IP -LAKELAND FL Lakeland, FL 33801 ☐ Addition Change TITLE ☐ Delete TITLE O'HALLORAN, ROBERT J NAME NAME STREET ADDRESS 2310 A-Z PARK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 ☐ Change ☐ Addition ☐ Delete TITLE CLARKE, THOMAS L. J NAME STREET ADDRESS STREET ADDRESS 2310 A-Z PARK ROAD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

indicated on this report or supplemental 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 repriver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Ricky, T. Hodges, President 4-25-00 863-665-6060

SIGNATURE and TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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13. Thereby 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