FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
AMay 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT ~~1997~~ 1998

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

DOCUMENT # P96000069002 (9)

1. Corporation Name
AFFILIATED HEALTHCARE PROVIDERS, INC.

[redacted]

Principal Place of Business	Mailing Address
6600 N.W. 12TH AENUE FT. LAUDERDALE FL 33309	6600 N.W. 12TH AENUE FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 08/16/1996	3a. Date of Last Report: 3/25/97
4. FEI Number: 65-0695952	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

2. Principal Place of Business: 21 14 Sunshine Blvd	2a. Mailing Address: 26 14 Sunshine Blvd
Suite, Apt. #, etc.: 22 ~~#217~~	Suite, Apt. #, etc.: 27 ~~#217~~
City & State: 23 Ormond Beach, Fl.	City & State: 28 Ormond Beach, Fl.
Zip: 24 32174 Country: 25 Volusia	Zip: 29 32174 Country: 30 Volusia

9. Name and Address of Current Registered Agent

SOLOGUREN, LUIS R JR
6600 N.W. 12TH AVENUE
SUITE 217
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

31 Name: Jennie B. Spalding
32 Street Address (P.O. Box Number is Not Acceptable): 14 Sunshine Blvd
33
34 City: Ormond Beach FL 35 Zip Code: 32174

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.

-05/22/98--01002--006
***150.00

SIGNATURE: Jennie B. Spalding
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: ~~PRESIDENT~~ 1.2 NAME: ~~JIMMY GUTIERREZ~~ 1.3 STREET ADDRESS: ~~6600 NW 12 AVE #217~~ 1.4 CITY-ST-ZIP: ~~FT LAUDERDALE, FL 33309~~	☐ Change ☒ Addition — Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: ~~TREASURER~~ 2.2 NAME: ~~LUIS SOLOGUREN~~ 2.3 STREET ADDRESS: ~~6600 NW 12 AVE #217~~ 2.4 CITY-ST-ZIP: ~~FT LAUDERDALE, FL 33309~~	☐ Change ☒ Addition — Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: President 3.2 NAME: Kenneth Howard 3.3 STREET ADDRESS: 503 S.W. 2nd Avenue 3.4 CITY-ST-ZIP: Gainesville, Fl. 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: Vice-President 4.2 NAME: Harold Baldwin 4.3 STREET ADDRESS: 6160 Central Avenue 4.4 CITY-ST-ZIP: St Petersburg, Fl. 33707	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: Secretary 5.2 NAME: Nancy Simmer 5.3 STREET ADDRESS: 6160 Central Avenue 5.4 CITY-ST-ZIP: St Petersburg, Fl. 33707	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: Treasurer 6.2 NAME: Jennie Spalding 6.3 STREET ADDRESS: 14 Sunshine Blvd 6.4 CITY-ST-ZIP: Ormond Beach, Fl. 32174	☒ Change ☐ Addition

4/28

CR2E034 (9/96)

14. I do 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 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: Luis R Sologuren 3/25/97 954-772-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
4/28/98
0820904

Jennie B. Spalding Jennie B. Spalding (904) 676-7520