

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 SEP 13 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 5 14703

1. Corporation Name

NATIONS HEALTHCARE, INC

Principal Place of Business

Mailing Address

6625 ROOSEVELT BLVD  
JACKSONVILLE, FL 32244

1000 MANSELL EXCHANGE WEST  
SUITE 230  
ALPHARETTA, GA 30202  
U.S.

900001949709

-09/17/96--01161--001

\*\*\*\*225.00 \*\*\*\*225.00

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

3 City & State

27 City & State

4 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLIE LAGER  
6625 ROOSEVELT BLVD  
JACKSONVILLE, FL 32244

81 Name CHARLIE LAGER

82 Street Address (P.O. Box Number is Not Acceptable)  
6625 ROOSEVELT BLVD

83

84 City JACKSONVILLE

FL

85 Zip Code 32244

11. Pursuant to the  
office or regis  
agent, I am

Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of Section 607.0505, Florida Statutes.

SIGNATURE

Signature

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when registering)

DATE

11 TITLE P  
NAME BOB WOOD  
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230  
CITY-ST-ZIP ALPHARETTA, GA 30202

12 TITLE V  
NAME CHARLIE LAGER  
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230  
CITY-ST-ZIP ALPHARETTA, GA 30202

13 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

15 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 TITLE  
NAME  
STREET ADDRESS  
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 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 617, Florida Statutes, and that my name appears in Block

SIGNATURE: X

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)