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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14703

1. Corporation Name
NATIONS HEALTHCARE, INC.

Principal Place of Business	Mailing Address
5525 ROOSEVELT BLVD. JACKSONVILLE FL 32244	1000 MANSELL EXCHANGE WEST SUITE 230 ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1990

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 5050
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CHERRY HILL NJ
Zip 24 / Country 25	Zip 29 08034 / Country 30 USA

4. FEI Number: 59-3036451 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: Korri A Behler — KORRI A. BEHLER 7/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) DATE
Special Assistant Secretary

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	WOOD, BOB		1.2 NAME	CRAIG W. PORTER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST., STE 230		1.3 STREET ADDRESS	55 CARNEGIE PLAZA	
CITY-ST-ZIP	ALPHARETTA GA 30202		1.4 CITY-ST-ZIP	CHERRY HILL, NJ 08003	
TITLE	COO	☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MAGLIOCHETTI, FRANK		2.2 NAME	JACK N. BROWN	
STREET ADDRESS	175 CABOT ST 4TH FL		2.3 STREET ADDRESS	55 CARNEGIE PLAZA	
CITY-ST-ZIP	LOWELL MA 01854		2.4 CITY-ST-ZIP	CHERRY HILL, NJ 08003	
TITLE	T	☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	MURDOCK, STEVE		3.2 NAME	JACK N. BROWN	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE. 230		3.3 STREET ADDRESS	55 CARNEGIE PLAZA	
CITY-ST-ZIP	ALPHAIZETTA GA		3.4 CITY-ST-ZIP	CHERRY HILL, NJ 08003	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	CRAIG W. PORTER	
STREET ADDRESS			4.3 STREET ADDRESS	55 CARNEGIE PLAZA	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CHERRY HILL, NJ 08003	
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED SECTREAS — 7/6/99 — (609) 482-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)