07151999-90020-045-$550.00-$550.00

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

**FILED**
**Jul 15, 1999 8:00 am**
**Secretary of State**
07-15-1999 90020 045 ***550.00

DOCUMENT # S14703

1. Corporation Name
NATIONS HEALTHCARE, INC.

Principal Place of Business
5525 ROOSEVELT BLVD.
JACKSONVILLE FL 32244

Mailing Address
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
21

2a. Mailing Address
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. Certifcate 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 for new Agent) 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 SEC/TREAS 7/6/99 (609) 470-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)