FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S27987** **(4)**

1. Corporation Name

NATIONAL HEALTH GROUP, INC.

Principal Place of Business

6400 SW 44 ST
MIAMI FL 33155

Mailing Address

6400 SW 44 ST
MIAMI FL 33155

3. Date Incorporated or Qualified: **01/29/1991**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **65-0242047** ☐ 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
Street Address
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

ROSENTHAL, ROBERT
6400 SW 44 ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.0502, 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. Said 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	ROSENTHAL, ROBERT	
STREET ADDRESS	6400 SW 44 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ROSENTHAL, ROBERT	
STREET ADDRESS	6400 SW 44 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	HERNANDO, JORGE	
STREET ADDRESS	6400 SW 44 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true. I further certify that the most recent 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 with an indication that I am an officer or director with my address.

SIGNATURE: Robert Rosenthal Pres. Robert Rosenthal 2/10/96 305-667-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #