FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S38556 (4)

1. Corporation Name
HERITAGE MEDICAL SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1913 21ST AVENUE, SOUTH NASHVILLE TN 37212 US	1913 21ST AVENUE, SOUTH NASHVILLE TN 37212 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1991
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 3401 West End Avenue	26 3401 West End Avenue
Suite, Apt. #, etc 22 Suite 680	Suite, Apt. #, etc 27 Suite 680
City & State 23 Nashville, TN	City & State 28 Nashville, TN
Zip / Country 24 37203-1070 25 US	Zip / Country 29 37203-1170 30 US

4. FEI Number: 62-1459038 ☐ 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

9. Name and Address of Current Registered Agent

STINSON, H. CARLTON
1000 36TH STREET, 2ND FLOOR
P. O. BOX 6296
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81 Name: Bailey, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable): 1000 36th Street, 2nd Floor
83: PO Box 6296
84 City: Vero Beach FL 85 Zip Code: 32961

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: Michael D. Bailey — Michael D. Bailey — 4/28/95
(Signature, typed or printed name of registered agent and the date) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	MORPHIS, ROCK A.	12 NAME	Kyle, Frank R.
STREET ADDRESS	1911 21ST AVE SOUTH	13 STREET ADDRESS	3401 West End Avenue Suite 680
CITY ST ZIP	NASHVILLE TN	14 CITY ST ZIP	Nashville TN 37203
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	STINSON, H. CARLTON	22 NAME	
STREET ADDRESS	1913 21ST AVENUE, SOUTH	23 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	24 CITY ST ZIP	
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	BLOUNT, JOHN E.	32 NAME	Bailey, Michael D.
STREET ADDRESS	1911 21ST AVE SOUTH	33 STREET ADDRESS	3401 West End Avenue Suite 680
CITY ST ZIP	NASHVILLE TN	34 CITY ST ZIP	Nashville TN 37203
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	RODEWALD, ALBERT	42 NAME	No longer officer
STREET ADDRESS	1911 21ST AVE SOUTH	43 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	MCCLELLAN, DAVID G.	52 NAME	No longer Officer
STREET ADDRESS	1911 21ST AVE SOUTH	53 STREET ADDRESS	
CITY ST ZIP	NASHVILLE TN	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: Michael D. Bailey — Michael D. Bailey — 4/28/95 — 615-269-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468087 FP