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
95 MAY -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00286 (7)

1. Corporation Name
HERITAGE HEALTH CARE CENTERS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
661 N SPRING GARDEN AVE DELAND FL 32721	300 INTERNATIONAL PKWY STE 250 HEATHROW FL 32746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991	3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-3099239	☐ 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/will be liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 300 International Pkwy	26
Suite, Apt. #, etc.: 22 Suite 250	Suite, Apt. #, etc.: 27
City & State: 23 Heathrow, FL	City & State: 28
Zip: 24 32746 Country: 25 USA	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOWELL, MICHAEL S. 1200 N STONE ST DELAND FL 32730	81 Name: Michael S. Dowell 82 Street Address (P.O. Box Number is Not Acceptable): 300 International Parkway Ste. 250 83 84 City: Heathrow FL 85 Zip Code: 32746

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 S. Dowell — Michael S. Dowell controller — 2/22/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	DOWELL, MICHAEL S.	12 NAME		
STREET ADDRESS	991 CITRUS WOOD CT	13 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DOWELL, DAVID R.	22 NAME	Dowell, David R	
STREET ADDRESS	956 LINCOLN DR	23 STREET ADDRESS	3080 Timpana Point	
CITY ST ZIP	DELAND FL	24 CITY ST ZIP	Longwood, FL 32779	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	DOWELL, CLYDE R.	32 NAME	Dowell, Clyde R	
STREET ADDRESS	2820 SUN LAKE LOOP #102	33 STREET ADDRESS	227 Wimbledon Circle	
CITY ST ZIP	LAKE MARY FL	34 CITY ST ZIP	Heathrow, FL 32746	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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 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 X in Block.

SIGNATURE: Michael S. Dowell — 4/1/95 — 407 333-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046100 CP