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 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02450** **(7)**

1. Corporation Name

UNIT HOSPITAL SUPPORT CENTER OF NY, INC.

Principal Place of Business	Mailing Address
1301 GULF LIFE DRIVE SUITE 1800 JACKSONVILLE FL 32207	1301 GULF LIFE DRIVE SUITE 1800 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 1200	Suite, Apt. #, etc. 27 Suite 1200
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207 Country 25 USA	Zip 29 32207 Country 30 USA

4. FEI Number: 59-3107848 ☐ 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	10. Name and Address of New Registered Agent
MOORE, DANIEL D. 1301 GULF LIFE DR SUITE 1800 TALLAHASSEE FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd. 83 Suite 1200 84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — New Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	D/V/S ☐ Change ☐ Addition
NAME	MOORE, DANIEL D	12 NAME	Daniel D. Moore
STREET ADDRESS	1301 GULF LIFE DR.	13 STREET ADDRESS	1301 Riverplace Blvd., Ste 1200
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Jacksonville, FL 32207
TITLE	DP	21 TITLE	D/P ☐ Change ☐ Addition
NAME	ELSTON, WILLIAM S.	22 NAME	Joseph A. Nicosia
STREET ADDRESS	1301 GULF LIFE DR.	23 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32207
TITLE	S	31 TITLE	D ☐ Change ☐ Addition
NAME	MATSON, J. MICHAEL	32 NAME	Michael J. Gardner
STREET ADDRESS	1301 GULF LIFE DR.	33 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, FL 32207
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	DUNN, E. PAUL JR	42 NAME	E. Paul Dunn Jr.
STREET ADDRESS	120 S RIVERSIDE PLAZA	43 STREET ADDRESS	500 W. Monroe
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	Chicago, IL 60661
TITLE	V	51 TITLE	AT ☐ Change ☐ Addition
NAME	HEINEN, PAUL A	52 NAME	Sandra K. Brandt
STREET ADDRESS	120 S RIVERSIDE PLAZA	53 STREET ADDRESS	500 W. Monroe
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	Chicago, IL 60661
TITLE	AS	61 TITLE	AS ☐ Change ☐ Addition
NAME	LEVIN, JOHN D	62 NAME	John D. Levin
STREET ADDRESS	120 S RIVERSIDE PLAZA	63 STREET ADDRESS	500 W. Monroe
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	Chicago, IL 60661

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 address.

SIGNATURE: _____ 4/24/95 (904) 396-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Daniel D. Moore

0010197 CP