

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33061** (5)

1. Corporation Name

NATIONS HEALTHCARE OF NORTH FLORIDA, INC.

Principal Place of Business

5525 ROOSEVELT BLVD
SUITE J
JACKSONVILLE FL 32244
US

Mailing Address

500 SUGAR MILL ROAD
SUITE 170-A
ATLANTA GA 33050
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

59-3124504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032.

Florida Statutes

☐ Yes

☐ No

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

STADELLI, DONALD C.
5525 ROOSEVELT BLVD.
SUITE 2000
JACKSONVILLE FL 32244

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as set forth in the report on this form. Such change was authorized by the corporation's board of directors, thereby, except the appointment as registered agent. I am familiar with and accept the obligation of the corporation under 607.06(2), Florida Statutes.

REGISTRATION

Donald C. Staddeli

3/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '94

NAME	D
STREET ADDRESS	BUTTE, ANTHONY J
CITY	500 SUGAR MILL ROAD, SUITE 170-A
STATE	ATLANTA GA
NAME	S
STREET ADDRESS	STADELLI, DONALD C.
CITY	500 SUGAR MILL ROAD, SUITE 170-A
STATE	ATLANTA GA
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

NAME	Charles J. Lager
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in 193.032(1)(b), 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 on Block 12 or Block 13 of this filing, or on a statement filed with an addition.

SIGNATURE:

Donald C. Staddeli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95