SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V41418 (7)

1. Corporation Name
ARMSTRONG HEALTH CARE, INC.

Principal Place of Business
19701 NO TAMIAMI TR
NO FT MYERS FL 33903-1232
US

Mailing Address
19701 NO TAMIAMI TR
NO FT MYERS FL 33903-1232
US

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0338899 — 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
SHEAR, ROBERT L.
2605 ENTERPRISE RD. E., #110
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name: Nelson Clark
82 Street Address (P.O. Box Number is Not Acceptable): 19701 N TAMIAMI TR #110
83
84 City: N. Ft. Myers FL 85 Zip Code: 33903

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: Nelson Clark Vice President — 7-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CLARK, WILLIAM R.
STREET ADDRESS	210 CRYSTAL ST.
CITY-ST-ZIP	JONESTOWN PA
TITLE	V
NAME	VRODKA, JOHN
STREET ADDRESS	1102 GREEN STR
CITY-ST-ZIP	JEANETTE PA
TITLE	S
NAME	CLARK, RITA
STREET ADDRESS	210 CRYSTAL STR
CITY-ST-ZIP	JOHNSTOWN PA
TITLE	T
NAME	DAVIS, STEVE
STREET ADDRESS	150 NO WATER
CITY-ST-ZIP	KITTANWANE PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	CLARK, NELSON	
2.3 STREET ADDRESS	19701 N TAMIAMI TR #110	
2.4 CITY-ST-ZIP	N. Ft Myers Fl 33903-1232	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: William R Clark Pres. — 7/7/95 — 1-800-292-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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