APPROVED AND FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V52513 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business	Mailing Address
5435 SEVENTY-SEVEN CENTER DR	1000 MANSELL EXCHANGE WEST
SUITE 40	SUITE 230
CHARLOTTE, NC 28217	ALPHARETTA, GA 30202

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 05-01-1995
4. FEI Number: 59-2004301

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

5. [ ] — $8.75 Additional Fee Required
6. [ ] — $5.00 May Be Added to Fees
8. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST STE 230	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	V	[ ] DELETE
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	P	[X] Change [ ] Add
12 NAME	BOB WOOD	
13 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
14 CITY-ST-ZIP	ALPHARETTA, GA 30202	[X] Change [ ] Add
21 TITLE	V	
22 NAME	CHARLIE LAGER	
23 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
24 CITY-ST-ZIP	ALPHARETTA, GA 30202	[ ] Change [ ] Add
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		[ ] Change [ ] Add
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		[ ] Change [ ] Add
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		[ ] Change [ ] Add
61 TITLE		
62 NAME		
63 STREET ADDRESS		$ Deposited by Bank
64 CITY-ST-ZIP		

USA 0616196

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
1996 APR 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V52513 (1)

1. Corporation Name
NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business: 5435 SEVENTY-SEVEN CENTER DR, SUITE 40, CHARLOTTE, NC 28217
Mailing Address: 1000 MANSELL EXCHANGE WEST, SUITE 230, ALPHARETTA, GA 30202

2. Principal Place of Business
21
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 05-01-1995
4. FEI Number: 59-2004301
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. ... Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**
CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. **Name and Address of New Registered Agent**
81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32244

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 ____________
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	P	☐ DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	☐ DELETE
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	BOB WOOD	
1.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
1.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	CHARLIE LAGER	
2.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
2.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
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	$ Deposited by Bank	

4/16/96

CR2E034 (3/96)

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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ...

APPROVED
AND
FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # V52513 (1)

1. Corporation Name
NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business
5435 SEVENTY-SEVEN CENTER DR
SUITE 40
CHARLOTTE, NC 28217

Mailing Address
1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
30 Country

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 05-01-1995 ☐ Applied For ☐ Not Applicable
4. FEI Number: 59-2004301
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
CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent
81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83 City: JACKSONVILLE FL 85 Zip Code: 32244
84

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: Y (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	P
NAME	BOB WOOD
STREET ADDRESS	1000 MANSELL EXCHANGE WEST STE 230
CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	V
NAME	CHARLIE LAGER
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐

1 1 TITLE	P
1 2 NAME	BOB WOOD
1 3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE
1 4 CITY-ST-ZIP	ALPHARETTA, GA 30202 ☒ Change
2 1 TITLE	V
2 2 NAME	CHARLIE LAGER
2 3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, S
2 4 CITY-ST-ZIP	ALPHARETTA, GA 30202 ☐
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	
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 e
further certify that the information indicated on this annual report or supplemental annual report is true and accurate
made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this
that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

If the check submitted w
dissolve t

APPROVED AND FILED

1996 APR 10 AM 11: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L33866 (9)

1. Corporation Name
NATIONS HEALTHCARE OF TAMPA BAY, INC.

Principal Place of Business: 6408 N. ARMENIA AVENUE, SOUTH SUITE, TAMPA, FL 33604

Mailing Address: 1000 MANSELL EXCHANGE WEST, SUITE 230, ALPHARETTA, GA 30202

3. Date Incorporated or Qualified: 12-05-1989
3a. Date of Last Report: 05-01-1995
4. FEI Number: 65-0111970
$8.75 Additional Fee Required
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees
8. [illegible] X Yes [ ] No

2. Principal Place of Business
21 6408 N. ARMENIA AVENUE
Suite, Apt. # etc.
22 SOUTH SUITE
City & State
23 TAMPA, FL
Zip
24 33604
25 Country U.S.

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
CHARLIE LAGER
5525 ROOSEVELT BLVD.
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent
81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE
FL
85 Zip Code: 32244

11. Pursuant to the provisions of [illegible] 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 [illegible] agent. I am familiar with and accept the obligations of Section [illegible], Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	[ ] DELETE
TITLE	V	
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	[ ] DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	X Change [ ] Addition
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	X Change [ ] Addition
TITLE	V	
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	[ ] Change [ ] Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

$ Deposited by Bank

ksd 4/6/96

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in [illegible] I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)