

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

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 30202-8260**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

04/10/1996

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LAGER, CHARLIE
5525 ROOSEVELT BLVD.
JACKSONVILLE FL 32244**

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

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 of corporation or its registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE

NAME **WOOD, BOB**
STREET ADDRESS **1000 MANSELL EXCHANGE WEST., STE 230**
CITY, ST, ZIP **ALPHARETTA GA 30202**

V ☐ DELETE

NAME **LAGER, CHARLIE**
STREET ADDRESS **1000 MANSELL EXCHANGE WEST., STE 230**
CITY, ST, ZIP **ALPHARETTA GA 30202**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☒ Addition

32 NAME **MURDOCK, STEVE**

33 STREET ADDRESS **1000 MANSELL EXCHANGE WEST, STE 230**

34 CITY - ST - ZIP **ALPHARETTA GA 30202**

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 contained 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 in this filing, or on an attachment with an address.

SIGNATURE:

Stephen H. Murdock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

Date

770-518-3960

Division Phone #

0013326

CR2E034 (9/96)