

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90007 038 ***550.00

DOCUMENT # V52513

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 PO Box 5050

27 Suite, Apt. #, etc.

28 CHERRY HILL NJ

29 08034 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code
33324

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

TITLE COO ☒ DELETE
NAME MAGLIOCHETTI, FRANK
STREET ADDRESS 175 CABOT ST 4TH FL
CITY-ST-ZIP LOWELL MA 01854

TITLE T ☒ DELETE
NAME MURDOCK, STEVE
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP ALPHARETTA GA

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 PRESIDENT ☐ Change ☒ Addition
1.2 NAME CRAIG W. PORTER
1.3 STREET ADDRESS 55 CARNEGIE PLAZA
1.4 CITY-ST-ZIP CHERRY HILL NJ 08003

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME JACK N. BROWN
2.3 STREET ADDRESS 55 CARNEGIE PLAZA
2.4 CITY-ST-ZIP CHERRY HILL NJ 08003

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME JACK N. BROWN
3.3 STREET ADDRESS 55 CARNEGIE PLAZA
3.4 CITY-ST-ZIP CHERRY HILL NJ 08003

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME CRAIG W. PORTER
4.3 STREET ADDRESS 55 CARNEGIE PLAZA
4.4 CITY-ST-ZIP CHERRY HILL NJ 08003

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK N. BROWN 7/24/99 (609) 470-2100
Date Daytime Phone #

CR2E034 (11/98)