

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

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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V58790** (9)  
1. Corporation Name  
**HEALTHCARE USA, INC.**



Principal Place of Business: **8705 PERIMETER PARK BLVD  
STE 3  
JACKSONVILLE FL 32216  
US**  
Mailing Address: **8705 PERIMETER PARK BLVD  
STE 3  
JACKSONVILLE FL 32216-8354  
US**

3. Date Incorporated or Qualified: **08/12/1992**  
3a. Date of Last Report: **10/21/1996**  
4. FEI Number: **59-3138325**  
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. 199.032, Florida Statutes: ☒ Yes ☐ No

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**

9. Name and Address of Current Registered Agent  
**FEY, CHRISTOPHER T  
8705 PERIMETER PARK BLVD.  
SUITE 3  
JACKSONVILLE FL 32216**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
CEO **FEY, CHRISTOPHER** ☐ DELETE  
**8705 PERIMETER PARK BLVD, STE 4  
JACKSONVILLE FL 32216**  
DVCN **COHEN, BERNARD** ☐ DELETE  
**8705 PERIMETER PARK BLVD, STE 4  
JACKSONVILLE FL 32216**  
D **KUGELMAN, LAWRENCE** ☒ DELETE  
**53 CENTURY BLVD  
NASHVILLE TN 37214**  
D **JONES, RICHARD** ☐ DELETE  
**53 CENTURY BLVD  
NASHVILLE TN 37214**  
D **JONES, RICHARD** ☒ DELETE  
**53 CENTURY BLVD  
NASHVILLE TN 37214**  
VCOF **STELBEN, JOHN** ☐ DELETE  
**8705 PERIMETER PARK BLVD, SUITE 3  
JACKSONVILLE FL 32216**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Allen Wise**  
1.3 STREET ADDRESS **53 Century Blvd**  
1.4 CITY-ST-ZIP **Nashville, TN 37214**  
2.1 TITLE **SVP/SC** ☐ Change ☒ Addition  
2.2 NAME **Janet Drake**  
2.3 STREET ADDRESS **8705 Perimeter Park Blvd, Suite 3**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32216**  
3.1 TITLE **✓** ☐ Change ☒ Addition  
3.2 NAME **Lyra Howalt**  
3.3 STREET ADDRESS **8705 Perimeter Park Blvd, Suite 3**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32216**  
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 **John Stelben**  
6.3 STREET ADDRESS **8705 Perimeter Park Blvd, Suite 3**  
6.4 CITY-ST-ZIP **Jacksonville, FL 32216**

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 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: **John Stelben** 2/06/97 (904) 565-2900  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: #

CR2E034 (9/96)