FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V62810** **(9)**

1. Corporation Name

MEDERI PRIVATE CARE OF PINELLAS COUNTY, INC.

Principal Place of Business

% KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVE SUITE 700~~
~~MIAMI FL 33131~~

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVE SUITE 700~~
MIAMI FL 33131

3. Date Incorporated or Qualified: 09/09/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 100 SE 2nd St
22 Suite, Apt. #, etc. 28 Floor
23 City & State Miami, Fl
24 Zip 33131 25 Country US

2a. Mailing Address
26 100 SE 2nd St.
27 Suite, Apt. #, etc. 28 Floor
28 City & State Miami, Fl
29 Zip 33131 30 Country US

4. FEI Number 65-0372532 — 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

KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVE~~
~~SUITE 700~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name KTG&S Registered Agent Corp
82 Street Address (P.O. Box Numbers Not Acceptable) 100 SE 2nd St.
83 28 Floor
84 City Miami FL 85 Zip Code 33131

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: [illegible] (TYPED or PRINTED NAME of Registered Agent and the Title of an Officer) (TITLE Registered Agent Signature required when resigning) DATE 3/25/96

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~	☑ DELETE
NAME	~~SYKES, HARLEY~~	
STREET ADDRESS	~~2401 DOUGLAS RD~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	DVST	☐ DELETE
NAME	NESSLEIN, DAVID A	
STREET ADDRESS	2401 DOUGLAS RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	VAZQUEZ, SANDRA	
STREET ADDRESS	2401 DOUGLAS ROAD	
CITY-ST-ZIP	MIAMI FL 33145	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

600001796846
-04/26/96--01094--016
***200.00

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/25/96 — Daytime Phone # (305) 447-2350

David Nesslein Secretary

CR2E034 (12/95)