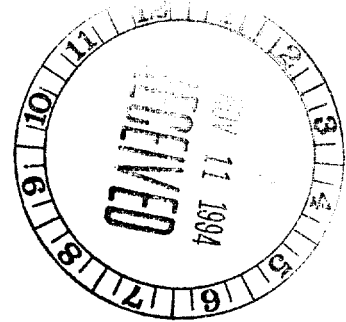




Mail To: P.O. Box 1459, Tallahassee, Florida 32302-1459  
Telephone: 904/224-3907 Fax (904) 681-2075

November 10, 1994



Office of Employee Benefits Security  
Labor Management Service Administration  
U. S. Department of Labor  
Washington, D. C. 20216

Re: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:  
  
Florida Health Care Association  
307 West Park Avenue  
Tallahassee, FL 32301
2. Federal Employer Identification No. (EIN):  
# 59-1229583
3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.
4. One employee is covered by such plan.

Very truly yours,

A handwritten signature in black ink, appearing to read "William J. Phelan".

By: William J. Phelan  
Executive Director