FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

704369

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WIE(117	E HEALTH OATE, INO									
Principal Place of Business		Mailing Address				1311 WIEIT BIŞT	(#1#1) # 1#11 (81911 B1911 1981		
5707 N. 22NE Tampa Fl 33		5707 N. 22ND ST. TAMPA FL 33610								
						3. Date incorporated or Qualified 06/11/1948		te of Last f 02/01/19		
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-0747306			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75	Additional		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be				
23 Zip	Country	28 Zip	Cou	ıntry		Trust Fund Contribution 8. This corporation has liability for in			to Fees 199.032,	
24	25	29	30			Florida Statutes	Yes 🗀	No		
	Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	\gent		
				81	Name					•
PIZZO, PAUL R ESQUIRE 501 EAST KENNEDY BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable	9)			
SUITE 1				83		<u> </u>				
TAMPA I	FL 33602			84	City		FL	85 Zip	Code	
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Fiorid th, and accept the obligations of, Section	 a. Such change was authoriz 	ed by the	ove-na corpoi	amed corpora ration's board	tion submits this statement for the purp d of directors. I hereby accept the appo	xose of cha intment as	nging its re registered	egistered office agent. I am	
	Signature, typied or printed name of registered agent a			1 Agent :	signature required		DATE			<u>ত</u>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI				18
TITLE		EXI DELETE	1.1 T	IILE	D		ι	Change	Addition	=
NAM.	-MCINTOSH, DOLORES		1.2 N		ا م	ally Parsons 081 Bruce Street				37
STREET ADDRESS	-901 E. KENNEDY BLVD		1.3 \$	TREET A	IDDUE 22 I	ampa, FL 33606				CR2E037 (12/95)
CITY - SI - ZIP	- TAMPA FL 33601			ITY - ST-	- ZIP			.		英
TITLE	op opposite the second	☐ DELETE	217		Pi		•	Change	Addition	١
NAME	CHOATE, ROBERT		22 N		1 2	hoate, Robert 405 Carolina Avenue				
STREET ADDRESS	2405 CAROLINA AVENUE		2 3 S	TREET A	MINIMESS I	ampa, FL 33629				
CITY - ST - ZIP	TAMPA FL 33629	france say		CITY-SE	- Z(P				Fra A Lee	
TITLE	D	DELETE	317		P	ollen Bill De	,	Change	Addition	
NAME	MELLAN, DR. BILL		32 N		l p	ellan, Bill Dr. .O. Box 31127				
STREET ADDRESS	P.O. BOX 31127-N/A				ADDRESS T	ampa, FL 33601				
CITY · ST · ZIP	TAMPA FL -83631-	Delete		CITY - ST	- ZIP				□ 4 4 100	-
TITLE	-D	DELETE	4.1 T				L	Change	☐ Addition	
NAME	-ELLIOT, EDNA			3MAN						
STREET ADDRESS			435	TREET A	NDDRESS					
CITY-ST-ZIP	TAMPA FL 33606	Dosess		ITY-ST	- 7IP					4
TITLE	40	DELETE	5 1 T		D		Ę	Change	Addition	
NAME	-BOGGS, BARBARA-		5 2 N		1	oggs, Barbara				
STREET ADDRESS -7701-TALLAFERRO				TREET A		7701 Taliaferro Campa, FL 33604				
CITY - ST - ZIP	TAMPA PL	Top. Fre		iTY-ST	- ZIP			-		1
TITLE	D DATE	DELETE	61 T		D		Į.	Change	Addition Addition	
NAME	HOWARD, DALE		62 N		1 10	oward, Dale				
STREET ADDRESS	1905 W. BAKER STREET	63\$		TREET A		1905 W. Baker Street, #2 Plant City, FL 33567				
CITY-S1-ZIP	PLANT CITY FL-D			ITY-ST	- ZIP					ļ
14. I do hereb	by certify that the information supplied v	with this filing is voluntarily furn	nshed and	does	not qualify for	or the exemption stated in Section 119.0	J7(3)(k), Flo	riga Statut	es. I further	1

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 617, 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

1/17/96 Dah

(813) 237-3914