

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

**FILED**

**Feb 06 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 # F02611 (4)**

**1. Corporation Name EASTWOOD CLINIC, INC.**



**Principal Place of Business** 1100 E. PARK AVE., #A TALLAHASSEE FL 32301  
**Mailing Address** 1100 E. PARK AVE., #A TALLAHASSEE FL 32301-2651

**3. Date Incorporated or Qualified** 10/22/1980  
**3a. Date of Last Report** 03/25/1996  
**4. FEI Number** 59-2042921  
**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

**2. Principal Place of Business**  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** Country

**2a. Mailing Address**  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30** Country

**9. Name and Address of Current Registered Agent**  
**ROSSELOT, GEORGE F.**  
1100 E. PARK AVE., #A  
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**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** Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSSELOT, GEORGE F	
STREET ADDRESS	1100 E. PARK AVE., #A	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROSSELOT, SHIRLEY	
STREET ADDRESS	1100 E. PARK AVE., #A	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIX, C. VINCENT	
STREET ADDRESS	1100 E. PARK AVE., #A	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUCAS, JOYCE	
STREET ADDRESS	1100 E. PARK AVE., #A	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAGAN, ALAN R.	
STREET ADDRESS	1100 E. PARK AVENUE #A	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**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:** *Shirley M. Rosset* Secretary/Treasurer 1-29-97 904-878-1141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)