

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 # **F81683** (7)

1. Corporation Name

FAMILY HEALTH CENTER OF ORMOND, INC.

Principal Place of Business

**26 N. BEACH STREET
SUITE B
ORMOND BEACH FL 32174-5656**

Mailing Address

**26 N. BEACH STREET
SUITE B
ORMOND BEACH FL 32174-5656**



3. Date Incorporated or Qualified

05/12/1982

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2192409

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

2. Principal Place of Business

2a. Mailing Address

8 Applegate Dr

Suite, Apt. #, etc.

City & State

Athens Ohio

Zip

45701

Country

Athens

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9. Name and Address of Current Registered Agent

**WOODARD, KATHERINE F
500 S RIDGEWOOD
DAYTONA BCH FL 32114**

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**DST
JABLONSKI, CATHERINE
701 LINDENWOOD CIRCLE E
ORMOND BEACH, FL 00000**

1.2 TITLE ☐ DELETE

**PVD
JABLONSKI, DONALD
701 LINDENWOOD CIRCLE E.
ORMOND BEACH, FL 00000 32174**

1.3 TITLE ☐ DELETE

1.4 TITLE

1.5 TITLE

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1.29 TITLE

1.30 TITLE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE: **Catherine Jablonski, DST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96 614-592-6228
Date Daytime Phone #

CR2E034 (12/95)