

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005307 (4)

1. Corporation Name

THE HEALTH PARTNERSHIP OF NORTH CENTRAL FLORIDA,
INC.



Principal Place of Business

Mailing Address

11 W UNIVERSITY AVE
SUITE 7
GAINESVILLE FL 32601

11 W UNIVERSITY AVE
SUITE 7
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

11/23/1993

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMLEY, CAROL J
11 W UNIVERSITY AVE
SUITE 7
GAINESVILLE FL 32601

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

MESH, MARILYN

STREET ADDRESS

RT 1 BOX 59

CITY-ST-ZIP

BROOKER FL 32622

TITLE

VD

☒ DELETE

NAME

BYRD, JOHN

STREET ADDRESS

125 SW 7TH ST

CITY-ST-ZIP

WILLISTON FL

TITLE

STD

☒ DELETE

NAME

POLLEY, ERNIE

STREET ADDRESS

RR1, BOX 1032

CITY-ST-ZIP

TRENTON FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

SD

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PD

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MCCALL, KENNETH
495 E MAIN STREET
LAKE BUTLER, FL 32054

3.1 TITLE

VD

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

BOLLING, SABLE
119 1ST STREET
TRENTON, FL 32693

4.1 TITLE

TD

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

HOWARD, PAMELA
850 E MAIN STREET
LAKE BUTLER, FL 32054

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

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 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

3/8/96

Date

352-955-2264

Daytime Phone #

CR2E037 (12/95)