

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32601-3326

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/23/1993	3a. Date of Last Report 03/28/1996
4. FEI Number 59-3249335	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	

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
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MESH, MARILYN	1.2 NAME	
STREET ADDRESS	RT 1 BOX 59	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKER FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCALL, KENNETH	2.2 NAME	
STREET ADDRESS	495 E MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOLLING, SABLE	3.2 NAME	
STREET ADDRESS	119 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, PAMELA	4.2 NAME	
STREET ADDRESS	850 E MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] Date: 1-23-97 Daytime Phone: 0010485

CR2E037 (9/96)