

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004087 (1)**

1. Corporation Name

**HEALTH SYSTEMS, INC.**



Principal Place of Business: **8601 4TH STREET NORTH, SUITE 201 ST PETERSBURG FL 33702**  
Mailing Address: **8601 4TH STREET NORTH, SUITE 201 ST PETERSBURG FL 33702**

*5111.66 ST N. S 102 ST Pete FL 33709*

3. Date Incorporated or Qualified: **05/04/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 61414**

4. FEI Number: **59-3338460**  
Applied For:  Not Applicable

22. City & State: **27 St. Petersburg, FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. Zip: **24 33784** Country: **29 30**

6. Election Campaign Financing:  **\$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: **DAFONTE, RICHARD J 1000 BELCHER ROAD SOUTH, SUITE 2 LARGO FL 34641**

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**

I, 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 re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>Pre-Monie White, Pres</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>5657 Park St N.</b>		1.2 NAME	
STREET ADDRESS: <b>St Pete FL 33709</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>St Pete FL 33709</b>		1.4 CITY-ST-ZIP	
TITLE: <b>D. Joseph Kerfoot</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>D.</b>		2.2 NAME	
STREET ADDRESS: <b>486 E. Davis Blvd Tampa, 33602 FL</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>Tampa, 33602 FL</b>		2.4 CITY-ST-ZIP	
TITLE: <b>D. Shirley Angelo, R.N. CIRS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>8601 4th St N St Pete FL 33702</b>		3.2 NAME	
STREET ADDRESS: <b>8601 4th St N St Pete FL 33702</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>St Pete FL 33702</b>		3.4 CITY-ST-ZIP	
TITLE: <b>D. Sandy</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Coy Sandy</b>		4.2 NAME	
STREET ADDRESS: <b>5472 102nd St Apt 73 St Pete FL</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>St Pete FL</b>		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

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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 in an attachment with an address.

SIGNATURE: *Monie White* Feb 1 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)