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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003132**

1. Corporation Name
FAMILY HEALTH CARE CENTERS OF MANATEE, INC.

Principal Place of Business	Mailing Address
442 OLD MAIN ST. BRADENTON FL 34205	442 OLD MAIN ST. BRADENTON FL 34205

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

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

3. Date Incorporated or Qualifed
05/30/1997

4. FEI Number
~~APPLIED FOR~~ 65-0852321
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, LAYON F II
442 OLD MAIN ST.
BRADENTON FL 34205

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JOHN B		1.2 NAME		
STREET ADDRESS	2020 MANATEE AVE. W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEYVA, LIVIA		2.2 NAME		
STREET ADDRESS	512 39TH ST., E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MENDEZ, LUCINDA		3.2 NAME		
STREET ADDRESS	1608 12TH AVE WEST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, LAYON F II		4.2 NAME		
STREET ADDRESS	442 OLD MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OROZCO, REGINALDO		5.2 NAME		
STREET ADDRESS	409 30TH AVE. E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, PATRICIA		6.2 NAME		
STREET ADDRESS	1000 32ND ST., W., MANATEE HIGH SCHOOL		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34205-3299		6.4 CITY-ST-ZIP		

CR2E037 (1/1/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-31-99 941 776.1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc-N97 000003132
303727-90018-21

FAMILY HEALTH CARE CENTERS OF MANATEE, INC.
BOARD OF DIRECTORS
JANUARY 1999

LUCAS, Patricia
Principal
Manatee High School
1000 32nd St. West
Bradenton, Florida 34205-3299
714-7300

LEYVA, Livia (Vice Pres.)
512 39th Street East
Palmetto, Florida 34221
(941) 722-6455
741-3910 Work
pager 215-0095

ROBINSON, Layon F. II
Attorney A Law
442 Old Main Street
Bradenton, Florida 34205
748-0055

MENDEZ, Lucinda (Secty/Tre)
1608 12th Avenue West
Palmetto, Florida 34221
(H) 722-1093
(W) 723-4700

LEWIS, John B. (President)
Optomitrist
2020 Manatee Ave. West
Bradenton, FL 34205
747-1831
Pager-372-3787

OROZCO, Reginaldo
409 30th Ave. East
Bradenton, Florida 34208
747-5265

LOWERY, Juanine
4907 29th Avenue West
Bradenton, FL 34209
792-1836