

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V73357** (8)  
1. Corporation Name  
**WINGS HEALTH CARE SOLUTIONS, INC.**

Principal Place of Business	Mailing Address
1150 E. PLANT STREET SUITE C WINTER GARDEN FL 34787 US	1150 E. PLANT STREET SUITE C WINTER GARDEN FL 34787 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted <b>10/22/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3148745</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TRICKEL JR., WILLIAM**  
**39 WEST PINE STREET**  
**100 NORTH TAMPA STREET SUIT 2900**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JELSEMA, CHARLES B.
STREET ADDRESS	7380 SAND LAKE ROAD SUITE 540
CITY ST ZIP	ORLANDO FL
TITLE	SC
NAME	JELSEMA, FAITH
STREET ADDRESS	7380 SAND LAKE ROAD, SUITE 540
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jelsema, Charles B.	
13 STREET ADDRESS	1150 E. Plant - Suite C	
14 CITY - ST - ZIP	Winter Garden, FL	
21 TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jelsema, Faith	
23 STREET ADDRESS	1150 E. Plant - Suite C	
24 CITY - ST - ZIP	Winter Garden FL	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Johanning, Wray C.	
33 STREET ADDRESS	1150 E. Plant - Suite C	
34 CITY - ST - ZIP	Winter Garden, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(4)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95  
Date (407) 877-8000  
Tallahassee, Florida