SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90021 011 ***550.00

0121B95

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F81683 ✓

1. Corporation Name
FAMILY HEALTH CENTER OF ORMOND, INC.

Principal Place of Business	Mailing Address
26 N. BEACH STREET SUITE B ORMOND BEACH FL 32174-5656	8 APPLEGATE DR ATHENS OH 45701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1982

2. Principal Place of Business 21	2a. Mailing Address 26 8 LeiBestRaum DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Horse Shoe
City & State 23	City & State 28 NC
Zip / Country 24 / 25	Zip / Country 29 28742 / 30 Henderson

4. FEI Number: 59-2192409 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOODARD, KATHERINE F 500 S RIDGEWOOD DAYTONA BCH FL 32114	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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	JABLONSKI, CATHERINE	1.2 NAME	
STREET ADDRESS	701 LINDENWOOD CIRCLE E	1.3 STREET ADDRESS	8 LeiBestRaum Drive
CITY-ST-ZIP	ORMOND BEACH, FL 00000	1.4 CITY-ST-ZIP	Horse Shoe, NC 28742
TITLE	PVD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	JABLONSKI, DONALD	2.2 NAME	
STREET ADDRESS	701 LINDENWOOD CIRCLE E.	2.3 STREET ADDRESS	8 LeiBestRaum Drive
CITY-ST-ZIP	ORMOND BEACH, FL 00000 32174	2.4 CITY-ST-ZIP	Horse Shoe, NC 28742
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine Jablonski CATHERINE JABLONSKI 7/11/99 828-890-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)