

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 001 ***150.00

DOCUMENT # P03000084975

1. Entity Name

FLORIDA HEALTH SYSTEMS, INC.



Principal Place of Business

3401 TAMiami TRAIL NORTH STE 207
NAPLES FL 34103

Mailing Address

3401 TAMiami TRAIL NORTH STE 207
NAPLES FL 34103

2. Principal Place of Business

18302 Highwoods Preserve Pkwy
Suite 114
Tampa, FL

3. Mailing Address

18302 Highwoods Preserve Pkwy
Suite 114
Tampa, FL



MOORE

CR2E034 (11/03)

4. FEI Number

20-0101431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M
821 5TH AVE SOUTH STE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: COHEN, ROBERT M
STREET ADDRESS: 3401 TAMiami TR NORTH
CITY-ST-ZIP: NAPLES FL 34103 ☐ Delete

TITLE: D
NAME: PICCIANO, JOHN
STREET ADDRESS: 3401 TAMiami TR NORTH
CITY-ST-ZIP: NAPLES FL 34103 ☐ Delete

TITLE: D
NAME: EDSON, DAVID
STREET ADDRESS: 3401 TAMiami TR NORTH
CITY-ST-ZIP: NAPLES FL 34103 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: Cohen, Robert M
STREET ADDRESS: 18302 Highwoods Preserve Pkwy Ste. 114
CITY-ST-ZIP: Tampa, FL 33647 ☐ Change ☐ Addition

TITLE: D
NAME: Picciano, John
STREET ADDRESS: 18302 Highwoods Preserve Pkwy. Ste 114
CITY-ST-ZIP: Tampa, FL 33647 ☒ Change ☐ Addition

TITLE: D
NAME: Edson, David
STREET ADDRESS: 18302 Highwoods Preserve Pkwy. Ste 114
CITY-ST-ZIP: Tampa, FL 33647 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/04 813-978-1938