

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 240064

1. Corporation Name
FLORIDA HEALTH AGENCY, INC.

Principal Place of Business
240 SAND KEY ESTATES
386
CLEARWATER FL 34630
US

Mailing Address
PO BOX 350
LARGO FL 33779
US

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90057 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1960

4. FEI Number
59-0906210

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12693 Tamiami Trail East

26 12693 Tamiami Trail East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 214

27 Suite 214

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip Country

Zip Country

24 34113

29 34113

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHALEN, WILLIAM A.

240 SAND KEY ESTATES #86

CLEARWATER FL 34630

81 Name

Same

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

12693 Tamiami Trail East #214

83

84 City

Naples

FL

85 Zip Code

34113

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME WHALEN, WILLIAM A

STREET ADDRESS P O BOX 1392 N/A

CITY-ST-ZIP LARGO FL

TITLE PD ☐ DELETE

NAME PETERSON, BILL J

STREET ADDRESS 240 SAND KEY ESTATES #86

CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

William A. Whalen 2/1/99 (941) 775-9849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)