FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **380497** **(8)**

1. Corporation Name

DEERWOOD CENTER, INC.

Principal Place of Business	Mailing Address
9540 STATE RD 13 JACKSONVILLE FL 32257-5432	PO BOX 23627 JACKSONVILLE FL 32241 US

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

3. Date Incorporated or Qualified: **04/15/1971**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-1398592** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, DAVID
1300 RIVERPLACE BLVD
JACKSONVILLE FL 32207

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 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, KENNETH P.		1.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, P.JEREMY JR.		2.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, JOSEPH C		3.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	
TITLE	AST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GLAVIN, THOMAS M		4.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, DAVID		5.2 NAME	
STREET ADDRESS	1300 RIVERPLACE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LUEDERS, JACK C. JR.		6.2 NAME	
STREET ADDRESS	9540 SAN JOSE BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 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(3)(k), 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: Thomas M Glavin 4.10.96 (904)448-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)