

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

FILED

Apr 22 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **613567** (7)
1. Corporation Name
ACCIDENT AND HEALTH AGENCY OF FLORIDA, INC.



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| Principal Place of Business 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33480 US | Mailing Address 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33460-9712 US |
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|---|--|
| 3. Date Incorporated or Qualified 03/20/1979 | 3a. Date of Last Report 04/08/1996 |
| 4. FEI Number 59-1898682 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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|---|---|
| 9. Name and Address of Current Registered Agent MANKAMYER, CHARLES R 1013 LUCERNE AVENUE, 2ND FLOOR LAKE WORTH FL 33480 | 10. Name and Address of New Registered Agent 81 Name Michele L. Dysert 82 Street Address (P.O. Box Number is Not Acceptable) 1013 Lucerne Ave. 2nd Floor 83 84 City Lake Worth FL 85 Zip Code 33460 |
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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 **Michele L. Dysert Vice-President** **Michele L. Dysert** **2/10/97**
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 | NAME | 1.1 TITLE | 1.2 NAME |
| NAME | STREET ADDRESS | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP | | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| NAME | STREET ADDRESS | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| CITY-ST-ZIP | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| NAME | STREET ADDRESS | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| CITY-ST-ZIP | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I do 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: **Michele L. Dysert** **Michele L. Dysert** **2/10/97** **561-547-9003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)