

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90081 013 ***150.00

DOCUMENT # 698830

1. Corporation Name

REFERRAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

7710 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33319
US

Mailing Address

PO BOX 6600
ATTN: E KLEMENTS
CLEARWATER FL 33758
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1981

4. FEI Number

13-3084484

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER POWERS, JILL E
19353 US 19 N.
SUITE 100
CLEARWATER FL 33764

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
NAME COPE, RICHARD W.
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ATS ☒ DELETE
NAME TOOKE, EDWIN C.
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VD ☒ DELETE
NAME MUELLER, JAMES G.
STREET ADDRESS 7100 W. COMMERCIAL BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33764

TITLE TAS ☐ DELETE
NAME STICCO, LEWIS A
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 33764

TITLE AV ☒ DELETE
NAME WELLS, MARTHA
STREET ADDRESS 7100 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE D ☒ DELETE
NAME TOOKE, EDWIN C
STREET ADDRESS 19353 US HWY 19 NO, SUITE 100
CITY-ST-ZIP CLEARWATER FL 33764

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME James D. Motta
1.3 STREET ADDRESS 7900 Glades Road
1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE D/VP ☐ Change ☒ Addition
2.2 NAME Michael N. Regan
2.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE EVP/T ☒ Change ☐ Addition
4.2 NAME Lewis A. Sticco
4.3 STREET ADDRESS 19353 US HWY 19 No., Ste. 100
4.4 CITY-ST-ZIP Clearwater, FL 33764

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME Robert M. Rhodes
5.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400
5.4 CITY-ST-ZIP Jacksonville, Florida 3207

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Michael N. Regan* **Michael N. Regan, D/VP** 4-20-99 904/396-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)