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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **703092** **(7)**

1. Corporation Name

CLINIC BENEFIT SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
C/O WHITE, NOEL HOFFMAN ST & LEWIS AVE PENNEYFARMS FL 32079	P.O. BOX 39 HOFFMAN ST & LEWIS AVE PENNEY FARMS FL 32079-0039 US

3. Date Incorporated or Qualified: **10/27/1961**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business — 21 | Street Address | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address — 26 | Street Address | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **59-1001037** ☐ 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

WHITE, NOEL, DR.
3495 HOFFMAN STR
PENNY FARMS FL 32079

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (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	HOUGHTON, RAY	1.2 NAME	
STREET ADDRESS	4450-E POLING	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, MARGARET	2.2 NAME	
STREET ADDRESS	PENNEY RETIREMENT COMM. G24, PO BOX 176 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOXEY, GEORGE	3.2 NAME	
STREET ADDRESS	4455A POLING	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLEU, VIRGINIA	4.2 NAME	
STREET ADDRESS	QUADRANGLE APT D27	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEPLER, JEAN	5.2 NAME	
STREET ADDRESS	4435-D WILBANKS	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENNEY FARMS FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS	Margaret W. Lake	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARGARET W. LAKE Margaret W. Lake 3/10/97 (904) 284-8690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0001752