

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:12

DOCUMENT # 706602

(0)

1. Corporation Name

EARTHA M. M. WHITE HEALTH CARE, INC.

Principal Place of Business

Mailing Address

5377 MONCRIEF RD.
JACKSONVILLE FL 32209

5377 MONCRIEF RD.
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1963

3a. Date of Last Report

03/16/1994

4. FEI Number

59-1082637

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ 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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, RONALD, ESQ.
1400 PRUDENTIAL DRIVE
SUITE 3
JACKSONVILLE FL 32207

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME OWENS, GREGORY
STREET ADDRESS 10929 KNOTTINGBY DRIVE
CITY- ST- ZIP JACKSONVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE VCVD
NAME BLANCHARD, DONALD
STREET ADDRESS 6351 CHRISTOPHER CREEK RD.W.
CITY- ST- ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE S
NAME AUSTIN, RONALD
STREET ADDRESS 1400 PRUDENTIAL DR., SUITE 3
CITY- ST- ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE T
NAME JONES, KENNETH
STREET ADDRESS 1004 EDGEWOOD AVE., W.
CITY- ST- ZIP JACKSONVILLE, FL 00000

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE AD
NAME ROGERS, CONNIE M.
STREET ADDRESS 11680 CARAPACE LANE
CITY- ST- ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE GCRA
NAME AUSTIN, RONALD R
STREET ADDRESS 1400 PRUDENTIAL DR. STE. 3
CITY- ST- ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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, director of the corporation or the recorder 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 my address.

SIGNATURE:

Connie M. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/13/95
(Date)

(904) 768-1506
(Telephone #)