

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**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 32209-3159**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/26/1963**      **03/28/1996**

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

4. FEI Number      Applied For  
**59-1082637**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional  
Fees Required**  
6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      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**

**AUSTIN, RONALD, ESQ.  
1400 PRUDENTIAL DRIVE  
SUITE 3  
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CPD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, PASTOR DAVID</b>	
STREET ADDRESS	<b>11530 LAGUNA COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VCVD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, WILLIAM M</b>	
STREET ADDRESS	<b>1701 FIRST STREET UNIT A1</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, HOWARD D</b>	
STREET ADDRESS	<b>125 GLEN EAGLE COURT</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, CLEVE E</b>	
STREET ADDRESS	<b>10543 ARROWHEAD COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, CONNIE M.</b>	
STREET ADDRESS	<b>11680 CARAPACE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>GCRA</b>	<input type="checkbox"/> DELETE
NAME	<b>AUSTIN, RONALD R</b>	
STREET ADDRESS	<b>1400 PRUDENTIAL DR. STE. 3</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ DATE: **1/17/97** (904) 768-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)