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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706602

1. Corporation Name

EARTHA M. M. WHITE HEALTH CARE, INC.

Principal Place of Business

5377 MONCRIEF RD.
JACKSONVILLE FL 32209

Mailing Address

5377 MONCRIEF RD.
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/26/1963

4. FEI Number

59-1082637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AUSTIN, RONALD ESO
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AD
NAME AUSTIN, FRED C.
STREET ADDRESS 7343 SONGBIRD DR
CITY-ST-ZIP NEW PORT RICHIIE FL 34655

TITLE CPD
NAME CAMPBELL, WILLIAM M
STREET ADDRESS 1701 FIRST STREET UNIT A1
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE T
NAME TAYLOR, HOWARD D.
STREET ADDRESS 125 GLEN EAGLE COURT
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE VCVD
NAME WARREN, CLEVE E
STREET ADDRESS 10543 ARROWHEAD COURT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE S
NAME OWENS, GREGORY
STREET ADDRESS 4873 JAYBIRD CIRCLE N
CITY-ST-ZIP JACKSONVILLE FL 32257

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 617, 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: FRED C. AUSTIN

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 768-1506

Date

Daytime Phone #

CR2E037 (1/98)