

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90157 050 ****61.25

DOCUMENT # 706602

1. Entity 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 32209-3159

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1082637

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
HARVEY, DeWAYNE, CEO
 Street Address (P.O. Box Number is Not Acceptable)
5250 17th St. Ste. 101
 City **Sarasota** **FL** Zip Code **34235**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature] **CEO** **4/4/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AUSTIN, FRED C. 7343 SONGBIRD DR NEW PORT RICHIE FL 34655	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CAMPBELL, WILLIAM M 1701 FIRST STREET UNIT A1 JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, HOWARD D 125 GLEN EAGLE COURT PONTE VEDRA FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVD WARREN, CLEVE E 10543 ARROWHEAD COURT JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCRA AUSTIN, RONALD R 1400 PRUDENTIAL DR. STE. 3 JACKSONVILLE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M HARVEY, DeWAYNE 5250 17th St. Ste. 101 SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, WILLIAM M 4152 MONUMENT ROAD APT. 805 JACKSONVILLE BEACH, FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TAYLOR, HOWARD D 125 GLEN EAGLE COURT PONTE VEDRA, FL. 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WARREN, CLEVE E 10543 ARROWHEAD COURT JACKSONVILLE, FL. 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, GREGORY 4873 JAYBIRD CIRCLE N JACKSONVILLE, FL. 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, RONALD R 1400 PRUDENTIAL DR. STE. 1 JACKSONVILLE, FL. 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **CEO** **4/4/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)



706602
A0057037

5377 Moncrief Road
Jacksonville, Florida 32209
(904) 768-1506
Fax (904) 766-1772

Additional Officers and Directors

Mr. Cleve Warren
Chairman

Mr. Howard Taylor
Vice-Chairman

Ms. Barbara Darby
2nd Vice-Chairman

Mr. Gregory Owens
Treasurer

Mrs. Helen Ridley
Secretary

Mr. Ronald R. Austin, Esq.
General Counsel

Ms. Janie Johnson
Member

Sheriff Nathaniel Glover
Member

Mr. William M. Campbell
Member

S
Ridley, Helen
3873 Cove St. Johns Road
Jacksonville, Fl. 32277

D
Darby, Barbara
2725 Percey Road
Jacksonville, Fl. 32218

D
Johnson, Janie
1342 Tyler Street
Jacksonville, Fl. 32209

D
Glover, Nathaniel
9650 Carbondale Dr. East
Jacksonville, Fl. 32208

Managed by
Innovative Health Care
Management Services, Inc.

Mr. Dewayne Harvey
CEO/President