

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706602

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: EARTHA M. M. WHITE HEALTH CARE, INC.

**Current Principal Place of Business:**

5377 MONCRIEF RD.  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

233 EAST BAY STREET.  
#920  
JACKSONVILLE, FL 32202- 34

**Current Mailing Address:**

233 EAST BAY STREET  
#920  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-1082637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINS, J R., CLYDE M  
233 EAST BAY STREET  
#920  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAMPBELL, WILLIAM M  
Address: 4152 MONUMENT RD APT-805  
City-St-Zip: JACKSONVILLE BEACH, FL 32225

Title: VC      ( ) Delete  
Name: TAYLOR, HOWARD D  
Address: 125 GLEN EAGLE CT  
City-St-Zip: PONTE VEDRA, FL 32082

Title: C      ( ) Delete  
Name: WARREN, CLEVE E  
Address: 10901 BURNT MILL ROAD #502  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T      ( ) Delete  
Name: OWENS, GREGORY  
Address: 4873 JAYBIRD CIRCLE N  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D      ( ) Delete  
Name: AUSTIN,, RONALD R  
Address: 1400 PRUDENTIAL DR STE-1  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEVE WARREN

C

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date