

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90217 010 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**HARVEY, DEWAYNE CEO
1721 INDEPENDENCE BLVD STE A3
SARASOTA FL 34235**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDLEY, HELEN	
STREET ADDRESS	3873 COVE ST. JOHNS ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL. 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARBY, BARBARA	
STREET ADDRESS	2725 PERCEY ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL. 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JANIE	
STREET ADDRESS	1342 TYLER STREET	
CITY-ST-ZIP	JACKSONVILLE, FL. 32209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, NATHANIEL	
STREET ADDRESS	9650 CARBONDALE DR. EAST	
CITY-ST-ZIP	JACKSONVILLE, FL. 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

CR2E037 (10/02)