FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 708963 (4)

1. Corporation Name
FLORIDA HEALTH CARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
307 W. PARK AVENUE P.O. BOX 1459 TALLAHASSE FL 32302-1459	307 W. PARK AVENUE P.O. BOX 1459 TALLAHASSE FL 32302-1459

3. Date Incorporated or Qualified: 05/18/1965

4. FEI Number: 59-1229583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PHELAN, WILLIAM J
307 W. PARK AVENUE
TALLAHASEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHELAN, WILLIAM J		1.2 NAME		
STREET ADDRESS	307 W. PARK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	ROBBINS, AL		2.2 NAME	PAT FREEMAN	
STREET ADDRESS	PO BOX 1110		2.3 STREET ADDRESS	6168 SABAL POINT CIRCLE	
CITY-ST-ZIP	QUINCY FL		2.4 CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, THOMAS L		3.2 NAME		
STREET ADDRESS	5366 SARAPOINT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL, BOBBY		4.2 NAME		
STREET ADDRESS	6400 SW 44 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OVERTON, JOHN W		5.2 NAME		
STREET ADDRESS	1871 COTTONWOOD TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	800002417478 -01/30/98--01076--003 ***61.25	☐ Change ☐ Addition
NAME	FRANKLIN, FREDDIE		6.2 NAME		
STREET ADDRESS	1329 ABRAHAM ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALL FL		6.4 CITY-ST-ZIP		

1/30

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.

SIGNATURE: _____ 1/28/98 224-3407

CR2E037 (10/97)