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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 708963

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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

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

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

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	T	☒ Change ☐ Addition
NAME	FREEMAN, PAT		2.2 NAME		
STREET ADDRESS	6168 SABAL POINT CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32124		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	KELLY, THOMAS L		3.2 NAME	SOEHNER, KAREN TAYLOR	
STREET ADDRESS	5366 SARAPOINT DR		3.3 STREET ADDRESS	4134 DUNN AVENUE	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	SVP	☐ DELETE	4.1 TITLE	P	☒ 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	SVP	☒ 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	D	☒ 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		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — 2/11/99 — 224-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #