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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712673 (3)

1. Corporation Name

HEALTH FACILITIES RESEARCH, INC.

Principal Place of Business

Mailing Address

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1967

3a. Date of Last Report
06/16/1994

4. FEI Number
59-6202096

Applied For
Not Applicable

2. Principal Place of Business

2c. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, CARL N.
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME REILLY, CARL N.
STREET ADDRESS 2885 TAMiami TR
CITY - ST - ZIP PORT CHARLOTTE FL

1.1 TITLE Walter Carlin PhD ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 2885 Tamiami Drive
1.4 CITY - ST - ZIP Port Charlotte FL

TITLE D
NAME TAYLOR, LAURA JANE
STREET ADDRESS 2885 TAMiami TR
CITY - ST - ZIP PT CHARLOTTE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME OLIVER, JACINTO
STREET ADDRESS 2885 TAMiami TR
CITY - ST - ZIP PT CHARLOTTE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE VD
NAME SERENTILL, LUIS
STREET ADDRESS 2885 TAMiami TR
CITY - ST - ZIP PT CHARLOTTE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Carl N. Reilly M.D.
Carl N. Reilly M.D.

5/04/95

Date

(813)-625-3036

Daytime Phone #

712673

Carl N. Reilly, M.D., President
Health Facilities Research, Inc. (941) 625-3036
2885 Tamiami Trail Fax (941) 625-5719
Port Charlotte, FL 33952

Florida Department of State
ANNUAL REPORTS SECTION

SUBJECT: HEALTH FACILITIES RESEARCH, INC.
Ref. Number: 712673

June 7, 1995

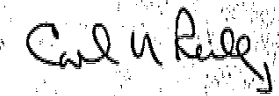
HEALTH FACILITIES RESEARCH, INC. has a 501 (C) (3) status.

We have had this status with the Internal Revenue Service for at least fifteen years.

Therefore I am returning the papers with your letter. It is my understanding from your letter and the instruction sheet that my fee should be \$61.25 plus \$8.75 for a certificate of status. If this is not correct, please notify me.

Thank you for your help in this matter.

Yours,



Carl N. Reilly, M. D.

CNR/jjr