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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721196** (4)

1. Corporation Name

FLORIDA LEAGUE OF HEALTH SYSTEMS, INC.



Principal Place of Business	Mailing Address
215 S MONROE ST SUITE 315 TALLAHASSEE FL 32301 US	215 S MONROE ST SUITE 315 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1647436

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLATFELTER, RALPH
215 S. MONROE ST.
STE. 315
TALLAHASSEE FL 32301**

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

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	UPTON, TERRY	
STREET ADDRESS	1431 SE FIRST AVENUE	
CITY-ST-ZIP	OCALA FL 34471	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joe Swedish	
1.3 STREET ADDRESS	The Daniel Bldg., 2111 Glenwood Dr, #100	
1.4 CITY-ST-ZIP	Winter Park, FL 32792-3209	

TITLE	CED	<input type="checkbox"/> DELETE
NAME	STEIGMAN, DON	
STREET ADDRESS	500 W. CYPRESS CREEK RD., SUITE 370	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DENARVAEZ, DENNY	
STREET ADDRESS	5000 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313	

3.1 TITLE	CED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARQUEZ, MICHAEL	
STREET ADDRESS	206 SECOND STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DENARVAEZ, DENNY	
STREET ADDRESS	5000 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

[Handwritten Signature]

2/19/98

224-9407

CR2E037 (1097)