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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 721196

1. Corporation Name

FLORIDA LEAGUE OF HEALTH SYSTEMS, INC.

Principal Place of Business

215 S MONROE ST
SUITE 315
TALLAHASSEE FL 32301
US

Mailing Address

215 S MONROE ST
SUITE 315
TALLAHASSEE FL 32301
US



2. Principal Place of Business

21 301 S. Bronough Street

2a. Mailing Address

26 301 S. Bronough Street

Suite, Apt. #, etc.

22 Suite 210

Suite, Apt. #, etc.

27 Suite 210

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

Zip

24 32301

Country

25 US

Zip

29 32301

Country

30 US

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1647436

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

301 S. Bronough Street, Suite 210

83 Suite 210

84 City

Tallahassee

FL

85 Zip Code

32301

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

TITLE SD ☒ DELETE
NAME SWEDISH, JOE
STREET ADDRESS THE DANIEL BLDG, 2111 GLENWOOD DR 100
CITY-ST-ZIP WINTER PARK FL 32792-3209

TITLE CD ☐ DELETE
NAME STEIGMAN, DON
STREET ADDRESS 500 W. CYPRESS CREEK RD., SUITE 370
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE CED ☒ DELETE
NAME DENARVAEZ, DENNY
STREET ADDRESS 5000 W. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE TD ☐ DELETE
NAME MARQUEZ, MICHAEL
STREET ADDRESS 206 SECOND STREET EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE C/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME V/D
5.3 STREET ADDRESS Richard Gold
5.4 CITY-ST-ZIP 21644 State Road 7
Boca Raton, FL 33428

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME T/D
6.3 STREET ADDRESS Jim Slack
6.4 CITY-ST-ZIP 1705 Metropolitan Blvd., Suite 201
Tallahassee, FL 32308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

850-224-9407

CR2E037 (1/98)