## FILE NOW: FILING FEE IS \$61.25

NONPROFIT GORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

725093

(9)

Mailing Address

ACCESSCARE MANAGEMENT, INC.

## FILED May 18 1998 8:00am Secretary of State

239 US 301 BLVD E BRADENTON FL 34208		239 US 301 BLVD E BRADENTON FL 34208		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified	
D. W.D.C. II. O. II.	E GAZOO	DINDENION IE 54200		12/20/1972		
				4. FEI Number	Applied For	
9 Drinning D	Name of Divisions	2a. Mailing Address		23-7292010	Not Applicable	
2. Principal Place of Business 21		26 3245-5 Avenue North		5. Certificate of Status Desired	5. Certificate of Status Desired X \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution		
City & State		City & State  28 St. Petersburg			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	<del>-</del>	
24	25	29 33713 S	¬ '	· · · · · · · · · · · · · · · · · · ·	Yes DN No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name						
BARNARD, CATHY				Joseph C. Whitelock reet Address (P.O. Box Number is Not Acceptable)		
239 US 301 BLVD EAST			82 Street	set Address (P.O. Box Number is Not Acceptable)  3245 5t': Avenue North		
BRADENTON FL 34208				3243 3th Avenue Not the		
			84 City St.	Petersbur; FL	85 Zip Code 33713	
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, Spection 617.0503, Florida Statutes.						
agent. I am familiar with, and account the obligations of, Spection 617.0503, Florida Statutes.						
SIGNATURE JOSEPH C. Whitelock 3/16/98 Signature, typed or printed name pints staged agent and title if applicable. (NOTE: Registered Agent agreture required when reinstating)  DATE  OATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	V	XX DELETE	1.1 TITLE	Chairman - P	Change Addition	
NAME	THOMAS, REBECCA		1.2 NAME	Richard C. Young		
STREET ADDRESS	2502 NIGHTINGALE LANE		1.3 STREET ADDRESS	ASASE C. Tuin Oaks Townson		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY - ST - ZIP	12425 S. Twin Oaks Terrace Floral City FL 34436	<b>\</b>	
TITLE	PD	<b>▼</b> DELETE	2.1 T-TLE	Vice-Chairman-D	Change X Addition	
NAME	HESS, MERV	•	22 NAME			
STREET ADDRESS	2020-597H ST WEST		2.3 STREET ADDRESS	Edward M. Vaughn, Jr.		
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY - ST - ZIP	2825 Valencia Lane West Palm Harbor FL 34684		
TITLE	TD	X DELETE	3.1 TITLE	Secretary-Treasurer - P	Change X Addition	
NAME	ADLER, JONATHAN M.D.		3.2 NAME	Joseph C. Whitelock		
STREET ADDRESS	217 MANATEE AVENUE EAST		3.3 STREET ADDRESS	3245 5th Avenue North		
CITY-ST-ZIP	-BRADENTON FL		3.4. CITY-ST-ZIP	St. Petersburg FL 33713	)	
TITLE	10	<b>X</b> DELETE	4.1 TIFLE		☐ Change ☐ Addition	
NAME	KELSO, BETTY		4. 2 NAME			
STREET ADDRESS	4723 PALM AIRE CIR.		4.3 STREET ADDRESS		Ì	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	<u> </u>		
TITLE	ST	X DELETE	5.1 TF'LE		Change Addition	
NAME	COOKSON, ROBIN		5.2 N/ME			
STREET ADDRESS	3881 CORTEZ-ROAD, W., SUIT	E 150	5.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL	Therese	5.4 CFFY-ST-ZIP		[ ] A	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS		]	
CITY-ST-ZIP		W 1 400 - 1 - 1 - 1 - 1	6.4 CITY-ST-ZIP	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	of the state of the state of	
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						
14. Thereby 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 of visetee 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 one an address.						

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Whitelock

3/16/98

Date

(813) 327-1066

Daytime Phone # 0082991

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