

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 725093

1. Corporation Name

ACCESSCARE MANAGEMENT, INC.

Principal Place of Business

239 US 301 BLVD E
BRADENTON FL 34208

Mailing Address

P.O. BOX 1396
CLEARWATER FL 34617-1396
US

FILED

99 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6/9/99 90000 018 \$70.00

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

12/20/1972

4. FEI Number

23-7292010

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

WHITELOCK, JOSEPH C
3245 5TH AVE N
ST PETERSBURG FL 33713

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

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

Joseph C. Whitelock

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
YOUNG, RICHARD C
12425 S TWIN OAKS TERR
FLORAL CITY FL 34436

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCD
VAUGHN, EDWARD M
2825 VALENCIA LANE W
PALM HARBOR FL 34684

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
WHITELOCK, JOSEPH C
3245 5TH AVE N
ST PETERSBURG FL 33713

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Chairman - CD
Richard C. Young

☒ Change ☐ Addition

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

Vice Chair VCD
Susan Spitz
5395 L.B. McLeod Rd.
Orlando FL 32811

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the e indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address, with all other

on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of my signature shall have the same legal effect as if made under oath, that am an report as required by Chapter 617, Florida Statutes, and that my name appears in empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Whitelock

7/8/99 (727) 327-1066

Date Daytime Phone #

0012158

CR2E037 (5/99)