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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738049** (6)

1. Corporation Name

**ALACHUA HEALTH, INC.**

Principal Place of Business

**4300 NW 89 BLVD  
GAINESVILLE FL 32606**

Mailing Address

**4300 NW 89 BLVD  
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

**02/09/1977**

4. FEI Number

**59-1746989**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired **XX**

**\$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. **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

**DEMONTMOLLIN, STEPHEN J.  
4300 NW 89 BLVD  
GAINESVILLE FL 32606**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **CARR, GLENNA**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DVC** ☐ DELETE

NAME **MOUNGER, WILLIAM**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **P** ☐ DELETE

NAME **PEDDIE, EDWARD C**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **NELL, CATHY**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **DT** ☐ DELETE

NAME **TOWNSEND, WALLACE**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DS** ☒ DELETE

NAME **BENNETT, EDWIN**  
STREET ADDRESS **4300 NW 89 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

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 ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DS**

**Bullard, Audrey**

**4300 NW 89th Blvd.**

**Gainesville, FL 32606**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/98**

Date

**852-337-8709**

Daytime Phone # 0011038

CFR2E037 (10/97)

**Alachua Health, Inc.  
Corporation #738049  
(Addendum to 1998 Corporation Annual Report)**

D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606

D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606

D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606