

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749895 (9)

1. Corporation Name

FLORIDA CLINIC, INC.



Principal Place of Business

Mailing Address

2400 BEDFORD RD
ATTN: L TRIMBLE
ORLANDO FL 32803
US

2400 BEDFORD RD
ATTN: L TRIMBLE
ORLANDO FL 32803
US

3. Date incorporated or Qualified
11/26/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 111 N. ORLANDO AVE.

2a. Mailing Address
26 111 N. ORLANDO AVE.

4. FEI Number
59-1952704

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 WINTER PARK, FL

28 WINTER PARK, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 32789

25 ORANGE

29 32789

30 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRICKEL, JR., WILLIAM
39 WEST PINE STREET
ORLANDO FL 32801

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 PD ☐ DELETE
NAME BRADY, LOUIS P
STREET ADDRESS 1285 ORANGE AVE
CITY-ST-ZIP WINTER PARK, FL 00000

TITLE DAS ☐ DELETE
NAME SCOTT, MEREDITH
STREET ADDRESS 217 HILLCREST ST
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☐ DELETE
NAME HOLCOMB, RODNEY
STREET ADDRESS 601 E ROLLINS ST
CITY-ST-ZIP ORLANDO, FL 00000

TITLE VD ☐ DELETE
NAME FRASER, DONALD J
STREET ADDRESS 500 E COLONIAL AVE
CITY-ST-ZIP ORLANDO, FL 00000

TITLE VD ☐ DELETE
NAME HELLINGER, RICHARD H
STREET ADDRESS 1910 N ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 00000

TITLE DAS ☐ DELETE
NAME TRICKEL, WILLIAM JR
STREET ADDRESS 39 W PINE ST
CITY-ST-ZIP ORLANDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

William Trickel, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM TRICKEL, JR., ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E037 (12/95)