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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 749895 (9)

1. Corporation Name

FLORIDA CLINIC, INC.

Principal Place of Business

111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789  
US

Mailing Address

111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789-3675  
US

3. Date Incorporated or Qualified  
11/26/1979

3a. Date of Last Report  
03/04/1996

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

30

4. FEI Number  
59-1952704

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Tamara L. Trimble

82 Street Address (P.O. Box Number is Not Acceptable)  
111 North Orlando Avenue

83

84 City Winter Park FL 85 Zip Code 32789

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

*Tamara L. Trimble*

TAMARA L. TRIMBLE

April 6, 1997

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

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

14. I do 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

March 15, 1997 407/975/1418

Date

Daytime Phone #0012494

CR2E037 (9/96)