ANNUAL REPORT
1995

[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754720 (1)

1. Corporation Name
FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Principal Place of Business	Mailing Address
P O BOX 249 LAKE CITY FL 32056-7249	P O BOX 249 LAKE CITY FL 32056-7249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1980
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2086283 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

HIRSH, HERBERT
RT 7 BOX 756
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: Richardson,James
82 Street Address (P.O. Box Number is Not Acceptable):
83: 2080 West Hwy. 90
84 City: Lake City FL 85 Zip Code: 32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, SHELIA	1.2 NAME		
STREET ADDRESS	P. O. BOX 1989 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEKLE, GEORGE ROBERT	2.2 NAME	Anders,Richard H.	
STREET ADDRESS	201 N MARION ST	2.3 STREET ADDRESS	1072 Jefferson St.	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HIRSH, HERBERT	3.2 NAME	Richardson, James	
STREET ADDRESS	RT 7 BOX 756	3.3 STREET ADDRESS	2080 West Hwy. 90	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	D	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, BLONDELL	4.2 NAME	Gul, Guney	
STREET ADDRESS	302 S MARION ST.	4.3 STREET ADDRESS	105 Shelby Drive	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KORB, RUTH	5.2 NAME	Roberson, Sandy	
STREET ADDRESS	5530 E. HWY 90	5.3 STREET ADDRESS	P. O. Box 1687 150 No. Alachua Street	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	Lake City, Fl 32056	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LEE, GAYNELL	6.2 NAME		
STREET ADDRESS	1114 FAIRVIEW ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	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: [signature] 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022202