

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754720** (1)
1. Corporation Name
FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Principal Place of Business P O BOX 249 LAKE CITY FL 32056-7249	Mailing Address P O BOX 249 LAKE CITY FL 32056-0249
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/17/1980	3a. Date of Last Report 05/15/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2086283	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARDSON, JAMES 2080 WEST HWY. 90 LAKE CITY FL 32055				10. Name and Address of New Registered Agent	
				81. Name Dorothy Pattison	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. Route 8 Box 465-P	
				84. City Lake City, FL	85. Zip Code 32055

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 *Dorothy M. Pattison* (NOTE: Registered Agent signature required when reinstating) **3-27-97**
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	ROBERTS, SHELIA	1.2 NAME	Betty Herdegen
STREET ADDRESS	P. O. BOX 1989 N/A	1.3 STREET ADDRESS	Route 12 Box 12-B
CITY-ST-ZIP	LAKE CITY, FL 00000	1.4 CITY-ST-ZIP	Lake City, FL 32055
TITLE	VD	2.1 TITLE	
NAME	ANDERS, RICHARD H	2.2 NAME	
STREET ADDRESS	1072 JEFFERSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD
NAME	RICHARDSON, JAMES	3.2 NAME	Dorothy Pattison
STREET ADDRESS	2080 WEST HWY. 90	3.3 STREET ADDRESS	Route 8 Box 465-P
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	Lake City, FL 32055
TITLE	TD	4.1 TITLE	
NAME	GUL, GUNEY	4.2 NAME	
STREET ADDRESS	105 SHELBY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DEKKE, ROBERT	5.2 NAME	
STREET ADDRESS	RT. 12, BOX 451-B	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
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 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.

CR2E037 (9/96)