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Feb 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 757774 (5)

1. Corporation Name

FLORIDA COUNCIL OF PRIMARY CARE CENTERS, INCORPORATED

Principal Place of Business

Mailing Address

1203 GOVERNORS SQUARE BLVD.
SUITE 302
TALLAHASSEE FL 32301
US

1203 GOVERNORS SQUARE BLVD.
SUITE 302
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified

04/28/1981

4. FEI Number

59-2559163

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired

☐

\$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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLASS, GREGORY J
1203 GOVERNORS SQ. BLVD.
SUITE 302
TALLAHASSEE FL 32301

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 CD ☐ DELETE
NAME CAHILL, DENNIS
STREET ADDRESS 2472 S. PARK AVENUE
CITY-ST-ZIP SANFORD FL 32771

TITLE VD ☐ DELETE
NAME AKIN, RICHARD
STREET ADDRESS 1454 MADISON AVENUE
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE SD ☐ DELETE
NAME SHIRLEY, TERRENCE
STREET ADDRESS 1702 E. 17TH AVENUE
CITY-ST-ZIP TAMPA FL 33675

TITLE TD ☐ DELETE
NAME WILLIAMS, MARK
STREET ADDRESS 218 S. LAKE AVENUE
CITY-ST-ZIP APOPKA FL 32704

TITLE P ☐ DELETE
NAME GLASS, GREGORY J
STREET ADDRESS 1203 GOVERNORS SQ. BLVD., SUITE 302
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

GREGORY J. GLASS, PRES./CEO

SIGNATURE: SIGNATURE REQUIRED

1/16/98 (850) 942-1822

CR2E037 (10/97)