

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760774

1. Corporation Name

BRADFORD HEALTH, INC.

Principal Place of Business

4300 NW 89 BLVD
GAINESVILLE FL 32606
US

Mailing Address

4300 NW 89 BLVD
GAINESVILLE FL 32606
US

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90109 009 ****70.00

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2171581	
City & State		City & State		5. Certificate of Status Desired	
23		28		X Not \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
4300 NW 89 BLVD
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	CARR, GLENA	1.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FRENCH, ROYAL	2.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	PEDDIE, EDWARD C	3.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	BULLARD, AUDREY	4.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	TOWNSEND, WALLACE	5.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DVC	6.1 TITLE	
NAME	MOUNGER, WILLIAM	6.2 NAME	
STREET ADDRESS	4300 NW 89 BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

201615-90107-4
760774

Bradford Health, Inc.
Corpration #760774
(Addendum to 1999 Corporation Annual Report)

D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606

D Nell, Cathy 4300 NW 89 Blvd., Gainesville, FL 32606

D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philip J., 4300 NW 89 Blvd, Gainesville, FL 32606