

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 763524 (6)

1. Corporation Name

JESS PARRISH MEDICAL FOUNDATION, INC.

95 FEB 20 AM 11:26

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
951 N WASHINGTON AVE DRAWER W TITUSVILLE FL 32796		951 N WASHINGTON AVE DRAWER W TITUSVILLE FL 32796	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/02/1982	02/08/1994
4. FEI Number	Applied For
59-2249275	Not Applicable
5. Certificate of Status Desired	\$6.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, ROD L. 951 WASHINGTON AVENUE TITUSVILLE FL 32781				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, JOHN	1.2 NAME	
STREET ADDRESS	2750 HICKORY HILL CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, J. J. III	2.2 NAME	
STREET ADDRESS	2900 PARRISH ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERAU, RICK	3.2 NAME	
STREET ADDRESS	1785 CHENEY HWY	3.3 STREET ADDRESS	SD Yarborough, Robert
CITY - ST - ZIP	TITUSVILLE FL	3.4 CITY - ST - ZIP	4406 Hickory Hill Blvd Titusville, FL
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBOROUGH, ROBERT	4.2 NAME	
STREET ADDRESS	4406 HICKORY HILL BLVD	4.3 STREET ADDRESS	T Weaver, John
CITY - ST - ZIP	TITUSVILLE FL	4.4 CITY - ST - ZIP	1217 Sandpine Circle Titusville, FL
TITLE	M	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, EMMA W.	5.2 NAME	
STREET ADDRESS	8448 PARKLAND ST	5.3 STREET ADDRESS	ST Smith, Rebecca
CITY - ST - ZIP	TITUSVILLE FL	5.4 CITY - ST - ZIP	8945 Pinetop Blvd Titusville FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, MARLENE	6.2 NAME	
STREET ADDRESS	3747 CHIARA DR	6.3 STREET ADDRESS	D Denoon, Todd
CITY - ST - ZIP	TITUSVILLE FL	6.4 CITY - ST - ZIP	4414 Hickory Hills Blvd Titusville, FL

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)(b), 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: John N. John 2-15-95 407-269-4066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #