# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:29

DOCUMENT # 767701 (6)

1. Corporation Name
WATERMAN HEALTH CARE SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % WILLIAM TRICKELL JR.<br>39 WEST PINE STREET<br>ORLANDO FL 32801 | % WILLIAM TRICKELL JR.<br>39 WEST PINE STREET<br>ORLANDO FL 32801 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2360145 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM JR
39 WEST PINE STREET
ORLANDO FL 32801

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 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ASD | 1.1 TITLE | ASTD ☐ Change ☒ Addition |
| NAME | KROGSTAD, A E | 1.2 NAME | PASTOR ANDY McDONALD |
| STREET ADDRESS | 913 LARSON DRIVE | 1.3 STREET ADDRESS | FLORIDA HOSPITAL-SDA CHURCH,2800 N. Orange |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | 1.4 CITY-ST-ZIP | ORLANDO, FL 32804 |
| TITLE | VSD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEIGH, RICHARD A | 2.2 NAME | |
| STREET ADDRESS | 1035 LANCELOT WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL 32818 | 2.4 CITY-ST-ZIP | |
| TITLE | ~~ASTD~~ | 3.1 TITLE | DELETED ☒ Change ☐ Addition |
| NAME | ~~HOWES, MELINDA~~ | 3.2 NAME | |
| STREET ADDRESS | ~~5531 BRECKENRIDGE CIRCLE~~ | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~ORLANDO FL 32818~~ | 3.4 CITY-ST-ZIP | |
| TITLE | CPAS | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TRICKEL, WILLIAM JR | 4.2 NAME | |
| STREET ADDRESS | 4715 HALL ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32817 | 4.4 CITY-ST-ZIP | |
| TITLE | DAS | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | CARUBBA, HENRY J | 5.2 NAME | |
| STREET ADDRESS | 307 PARK PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | 5.4 CITY-ST-ZIP | |
| TITLE | ASD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHMIDT, HAROLD H | 6.2 NAME | |
| STREET ADDRESS | 2201 WEST LAKE BRANTLEY DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FOREST CITY FL 32714 | 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)(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.

SIGNATURE: William Trickell Jr. President 1/26/95 407-422-5154
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0003030