

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767701 (6)

1. Corporation Name

WATERMAN HEALTH CARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

~~WILLIAM TRICKELL, JR.~~
~~99 WEST PINE STREET~~
~~ORLANDO FL 32801~~

~~WILLIAM TRICKELL, JR.~~
~~99 WEST PINE STREET~~
~~ORLANDO FL 32801~~

3. Date Incorporated or Qualified
03/23/1983

3a. Date of Last Report
02/02/1995

2. Principal Place of Business
21 445 Waterman Avenue

2a. Mailing Address
26 445 Waterman Avenue

4. FEI Number
59-2360145

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
23 Mount Dora, FL

27 City & State
28 Mount Dora, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 32757

25 USA

29 32757

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TRICKEL, WILLIAM JR~~
~~99 WEST PINE STREET~~
~~ORLANDO FL 32801~~

81 Name
Zebulon L. Osborne
82 Street Address (P.O. Box Number is Not Acceptable)
445 Waterman Avenue
83
84 City
Mount Dora **FL** 85 Zip Code
32757

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]

3/18/96

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	ASD	<input type="checkbox"/> DELETE
NAME	KROGSTAD, A E	
STREET ADDRESS	913 LARSON DRIVE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEIGH, RICHARD A	
STREET ADDRESS	1035 LANCELOT WAY	
CITY - ST - ZIP	CASSELBERRY FL 32818	
TITLE	CPAS	<input checked="" type="checkbox"/> DELETE
NAME	TRICKEL, WILLIAM JR	
STREET ADDRESS	4715 HALL ROAD	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	CARUBBA, HENRY J	
STREET ADDRESS	307 PARK PLACE	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, HAROLD H	
STREET ADDRESS	2201 WEST LAKE BRANTLEY DRIVE	
CITY - ST - ZIP	FOREST CITY FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leigh, Richard A
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Assist. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stewart, Bradley T.
2.3 STREET ADDRESS	445 Waterman Avenue
2.4 CITY - ST - ZIP	Mount Dora, FL 32757
3.1 TITLE	Assist. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lind, Dale L.
3.3 STREET ADDRESS	445 Waterman Avenue
3.4 CITY - ST - ZIP	Mount Dora, FL 32757
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brad Stewart

2-20-96

352-383-005

Date

Daytime Phone #

CR2E037 (12/95)