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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769131 (4)

1. Corporation Name

HERNANDO HEALTHCARE, INC.



Principal Place of Business

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34613**

Mailing Address

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34613-6066**

3. Date Incorporated or Qualified
06/27/1983

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

25
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

4. FEI Number
59-2339972

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**

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

9. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L.
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602**

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

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **ESCAMILLA, BETTY**
CITY - ST - ZIP **204 SUNSET DRIVE**
BROOKSVILLE FL 34601

TITLE ☐ DELETE
NAME **VCD**
STREET ADDRESS **THOMAS S. HOGAN, SR.**
CITY - ST - ZIP **651 SOUTH BROAD ST.**
BROOKSVILLE FL 34601

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PIERMATTEO, JOSEPH J.**
CITY - ST - ZIP **951 MOONLIGHT LANE**
BROOKSVILLE FL

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **DEPEW, JOE**
CITY - ST - ZIP **2849 CRYSTAL LAKE DR**
SPRING HILL FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PRICE, CHARLES W JR**
CITY - ST - ZIP **614 ERIN WAY**
BROOKSVILLE FL 34601

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **MCNEIL, WITTIE**
CITY - ST - ZIP **5205 COLCHESTER AVENUE**
SPRING HILL FL 34608

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 **P**
4.3 STREET ADDRESS **Thomas D. Barb**
4.4 CITY - ST - ZIP **3303 Flamingo Boulevard**
Spring Hill, FL 34607

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 do 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.

SIGNATURE: **Thomas D. Barb, President**

(352) 596-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066609

CR2E037 (9/96)