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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F02611 (4)

1. Corporation Name
EASTWOOD CLINIC, INC.

Principal Place of Business

1100 E. PARK AVE., #A
TALLAHASSEE FL 32301

Mailing Address

1100 E. PARK AVE., #A
TALLAHASSEE FL 32301-2651



3. Date Incorporated or Qualified

10/22/1980

3a. Date of Last Report

03/25/1996

4. FEI Number

59-2042921

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ROSSELOT, GEORGE F.
1100 E. PARK AVE., #A
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROSSELOT, GEORGE F.
STREET ADDRESS 1100 E. PARK AVE., #A
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE STD ☐ DELETE

NAME ROSSELOT, SHIRLEY
STREET ADDRESS 1100 E. PARK AVE., #A
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE VD ☐ DELETE

NAME DIX, C. VINCENT
STREET ADDRESS 1100 E. PARK AVE., #A
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME DUCAS, JOYCE
STREET ADDRESS 1100 E. PARK AVE., #A
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME KAGAN, ALAN R.
STREET ADDRESS 1100 E. PARK AVENUE #A
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley M. Rosseto, Secretary/Treasurer 1-29-97 904-878-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)