

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90547 004 ***150.00

DOCUMENT # F95000004192

1. Entity Name
CATALINA HEALTH RESOURCE, INC.



Principal Place of Business
**200 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716**

Mailing Address
**200 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3310028

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
McCLOREY, MICHAEL
515 OLIVE STREET #1212
SAINT LOUIS, MO 63101** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
NEAL, GEORGE
515 OLIVE STREET #1212
SAINT LOUIS, MO 63101** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LUCAS-TEBEAU, ROBYN
515 OLIVE STREET #1212
SAINT LOUIS, MO 63101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOT
WOLF, CHRISTOPHER
200 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PORT, JOSEPH
200 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BRISTOW, THOMAS
200 CARILLON PARKWAY
SAINT PETERSBURG, FL 33716** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P / D
Klug, Susan
200 Carillon Parkway
St. Petersburg, FL 33716** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP / D
Wolf, Christopher
200 Carillon Parkway
St. Petersburg, FL 33716** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Matulis, Stacy
200 Carillon Parkway
St. Petersburg, FL 33716** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Freiberger, Joanne** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Buell, Dick
200 Carillon Parkway
St. Petersburg, FL 33716** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Potts, Robert** ☒ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Potts *R.D. Potts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

727-579-5000
Daytime Phone #