

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97177** (2)

1. Corporation Name  
**ALL CARE MEDICAL CENTERS, INC.**

Principal Place of Business

**111 NORTH ORLANDO AVENUE  
SUITE 375  
WINTER PARK FL 32789  
US**

Mailing Address

**111 NORTH ORLANDO AVENUE  
SUITE 375  
WINTER PARK FL 32789-3675  
US**



2. Principal Place of Business

**21 111 N. Orlando Avenue**

2a. Mailing Address

**26 111 N. Orlando Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 Winter Park, FL**

City & State

**28 Winter Park, FL**

Zip

**24 32789**

Country

**25 USA**

Zip

**29 32789**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**TRIMBLE, TAMARA L  
2400 BEDFORD ROAD  
ORLANDO FL 32803**

3. Date Incorporated or Qualified

**08/27/1982**

3a. Date of Last Report

**01/31/1996**

4. FEI Number

**59-2227390**

Applied For

☐ Not Applicable

6. 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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**111 N. Orlando Avenue**

83

84 City  
**Winter Park**

**FL**

85 Zip Code

**32789**

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMINGS, DESMOND D</b>	
STREET ADDRESS	<b>801 E ROLLINS ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>WIESE, CALVIN W</b>	
STREET ADDRESS	<b>111 NORTH ORLANDO AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAIR, MARDIAN</b>	
STREET ADDRESS	<b>111 NORTH ORLANDO AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER, THOMAS L</b>	
STREET ADDRESS	<b>801 E ROLLINS ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMP, VANN</b>	
STREET ADDRESS	<b>500 WINDERLEY PL STE 115</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	

TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOCK, L MARK</b>	
STREET ADDRESS	<b>111 NORTH ORLANDO AVENUE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>

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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR TREASURER

Date (407) 975-3410

CR2E034 (9/96)