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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio		H1680 HEALTH SERVI		(1) LAKE COUNT	/, I						
Principal Place of Business			Mailır	Mailing Address				t tablali Arat chara Elibb Ibiro Edige (11941 PIWII AIRI	1. 81615 (581
1107 NORTH BLVD W			2536	2536 COUNTRYSIDE BLVD.							
SUITE 24				CLEARWATER FL 34623				DO NOT WRITE IN THIS SPACE			
LEESBURG FL 34748 US			US	02				3. Date Incorporated or Qualified			
•								08/14/1984			
2. Principal P	lace of Busines	s	2a. M	2a. Mailing Address				4. FEI Number		Ar	oplied For
21			26	26				59-2438058			ot Applicable
Suite, Apt.	#, etc		+	Suite, Apt. #, etc.			-			\$8.75	
22			27					5. Certificate of Status Desired	<u>با</u>	Fee Re	equired
City & Stat	to		Ci	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip	Country			Zip Cou				B. This corporation owes or has p.			
24	25			29 30				Personal Property Tax due June] No
		d Address of Curre	ent Hegister	ed Agent	81	Name		10. Name and Address of New Re	gistered A	gent	
	DUDNA, HEATI				61	Name					
2536 COUNTRYSIDE BLVD.						Street Addr		ss (P.O. Box Number is Not Accepta	ble)		
CLEARWATER FL 34623											
					83						
					84	City			FL	85 Zip (Code
11. Pursuant office or r agent. I a	to the provision registered agent im familiar with	s of Sections 607.05 t, or both, in the Stat and accept the obli	i02 and 607 le of Florida gations of, S	1508, Florida Statu Such change was ection 607.0505, Fl	tes, the above authorized by orida Statutes	e-named the cors.	d corpor poration	ration submits this statement for the n's board of directors. I hereby acce	purpose of option	changing it intment as	s registered registered
SIGNATURE	Chambiro broad or to	Diploid name of registered a	one destable de	(NO	It. Hegistered Age	nl socatut	e tecurred	when rainetalinn)	DATE		
12.	Signal (y) and (a)	OFFICERS A			13.	Digital	- 10qa/ca	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	PD			☐ DELETE	1.1 TITLE		Τ			Change	Addition
NAME	AME MURPHY, JUNE				12 NAME						
STREET ADDRESS 1107 NO BLVD. WEST STE 24			24		1.3 STREET ADDRESS						
CITY-ST-ZIP	LEESBURG	3 FL			1.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE	ST			DELETE	2.1 TITLE					Change	Addition
NAME	THORNTO	N, MAURY R			2.2 NAME						Ī
STREET ADDRESS	2536 COU	ntryside blvd		2.3 \$							
CITY-ST-ZIP	CITY-ST-ZIP CLEARWATER FL					2.4 CITY-ST-ZIP					
TITLE				DELETE	3.1 TITLE				[Change	☐ Addition
name .					3.2 NAME		1				ļ
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY - ST - ZIP	L <u></u> -	·		Perse	3.4 CITY-5	ST-ZIP	 			Observe	B old distant
TITLE				L. DELFTE	4.1 TITLE				L	Change	Addition
NAME					4.2 NAME						
STREET ADDRESS					4 3 STREET						
CITY-ST-ZIP	 			Stitu	4.4 CiTY-S	T - ZiP	-			Channa	Addition
TITLE				[_] DELETE	5.1 TITLE		}		L	Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET						
CITY-ST-ZIP				DELETE	5.4 CITY-S	ı - ZIP	 			Change	☐ Addition
TITLE	•			_ DELETE	61 TITLE				ι.	The Committee	Li radiiidii
NAME					6.2 NAME	*******					
STREET ADDRESS					6.3 STREET ADDRESS						Į
CITY-ST-ZIP	l				6 4 CiTY-S	1-211	1				

14. Thereby 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 armual 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 a milating much an address

R. Maury Thornton Sec/Trees

2/16/98

FILED

Feb 25 1998 8:00am

Secretary of State

(813)₀₇₂₆