

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H66882 (2)

1. Corporation Name

THE CENTER OF OSCEOLA, INC.

Principal Place of Business

10397 SOUTHERN BOULEVARD  
ROYAL PALM BEACH, FL 33411

Mailing Address

10397 SOUTHERN BOULEVARD  
ROYAL PALM BEACH, FL 33411

3. Date Incorporated or Qualified  
07/17/1986

3a. Date of Last Report:  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 10323 SOUTHERN BOULEVARD

26 10323 SOUTHERN BOULEVARD

4. FET Number

59-2575495

Applied For

Not Applicable

Suite Apt. #, etc.

Suite Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 ROYAL PALM BEACH, FL

28 ROYAL PALM BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33411

25 USA

29 33411

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABLE, DIANE L.  
10397 SOUTHERN BOULEVARD  
ROYAL PALM BEACH, FL 33411

81 Name

PATRICIA BALCH

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

10323 SOUTHERN BOULEVARD

83

84 City

ROYAL PALM BEACH

FL

85 Zip Code  
33411

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Balch

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MILLER, ROBERT L.  
STREET ADDRESS 10397 SOUTHERN BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE V  
NAME AUSTIN, CHRISTOPHER  
STREET ADDRESS 10397 SOUTHERN BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ST  
NAME ABLE, DIANE  
STREET ADDRESS 10397 SOUTHERN BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY-ST-ZIP

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP

3000018511-146  
-05/07/96--01125--002  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia Balch

Patricia Balch

4/15/96

(407) 790-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)