

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H94047** (8)

1. Corporation Name

FLORIDA HEALTH FACILITIES CORP. (OF SARASOTA COUNTY)



Principal Place of Business

Mailing Address

% MARTY B. CLARK
1553 NE ARCH AVE
JENSEN BCH. FL 34957

% MARTY B. CLARK
1553 NE ARCH AVE
JENSEN BCH. FL 34957

3. Date Incorporated or Qualified
01/15/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0068846

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, MARTY B.
1553 NE ARCH AVE
JENSEN BCH. FL 34957**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE

1.1 TITLE

NAME **CLARK, JACK**
STREET ADDRESS **1553 NE ARCH AVE**
CITY- ST- ZIP **JENSEN BCH. FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **VD** ☐ DELETE

2.1 TITLE

NAME **CLARK, CHRISTOPHER**
STREET ADDRESS **1553 NE ARCH AVE**
CITY- ST- ZIP **JENSEN BCH. FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **PD** ☐ DELETE

3.1 TITLE

NAME **CLARK, MARTY**
STREET ADDRESS **1553 NE ARCH AVE**
CITY- ST- ZIP **JENSEN BCH. FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE

4.1 TITLE

NAME **STONE, JOHN H.**
STREET ADDRESS **1119 HIGH STREET**
CITY- ST- ZIP **DES MOINES IA**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96

(407) 334-8600

CR2E034 (12/95)