

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H95063

(4)

1. Corporation Name

RJ HEALTH PROPERTIES, INC.

Principal Place of Business

Mailing Address

880 CARILLON PARKWAY
P O BOX 12749
ST. PETERSBURG FL 33733-2749

880 CARILLON PARKWAY
P O BOX 12749
ST. PETERSBURG FL 33733-2749

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/21/1986	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2637862	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No FILED BY PARENT CO.	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHALEY, FRED E.
880 CARILLON PARKWAY.
ST. PETERSBURG FL 33716**

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 the 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHALEY, FRED E.	1.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSBY, J. DAVENPORT III	2.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	TANENBAUM, B. J. III	3.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	BENHAM, KAY	4.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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:

Kay B. Benham KAY BENHAM

4/26/95

813-573-3800

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)