

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 # **L22880** (3)

1. Corporation Name

ROBINSON HEALTH CARE COMPANIES, INC.



Principal Place of Business

**4458 S CLEVELAND AVE
FT. MYERS FL 33901-9010**

Mailing Address

**4458 S CLEVELAND AVE
FT. MYERS FL 33901-9010**

3. Date Incorporated or Qualified
10/13/1989

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

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
65-0157086

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**

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

9. Name and Address of Current Registered Agent

**ROBINSON, KENNETH D
4458 S CLEVELAND AVE
FT MYERS FL 33901**

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Kenneth D Robinson, Pres & CEO

DATE

2/9/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D ROBINSON, KENNETH D**
STREET ADDRESS **1074 NW DECATUR ST**
CITY - ST - ZIP **PT CHARLOTTE FL**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 and changed, or on any statement with an address.

SIGNATURE:

Kenneth D Robinson, Pres & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)