May 08, 1999 8:00 am Secretary of State

05-08-1999 90052 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L43824

1. Corporation Name

HEALTH FIRST OF LAKE COUNTY, INC.

Principal Place of Business Mailing Address							1 18811811 811 81888 11181 18114 11411	9107 01071 071		
17580 S.R. 441	17580 S.R. 441) S.R. 441								
MOUNT DORA FL 32757 MOUNT DORA FL 32757							DO NOT WRITE	IN THIS	SPACE	
						ŀ	3. Date Incorporated or Qualifed	174 11110		
							01/16/1990			
6 Discipal Di	ean of Business	2a. Mailing Address				-	4. FEI Number		— ∏Ar	plied For
						Ì	59-2991766		 '	ot Applicable
Suite, Apt. :	# etc		Suite, Apt. #, etc.						\$8.75	
	m, 0.00.	27	7			,	5. Certificate of Status Desired		Fee Ro	equired
City & State	<u></u>	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Cou	ıntry			8. This corporation owes the current	nt year Inta	ıngible	
24	25	29	30				Personal Property Tax.		Yes	□No
<u> </u>	9. Name and Address of Curr	ent Registered Agent					10. Name and Address of New Re	gistered A	\gent	
				81	Name	}				
RICHTER, HENRY J				82 Street Address (P.O. Box Number is Not Acceptable)						
17580 S.R. 441				OZ Street Address (1.0.)						
MOU	INT DORA FL 32757			83						
				84	City				85 Zip	Code
					-		ation submits this statement for the p	FL		
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Pio	onda Stai	utes			's board of directors. I hereby accept	DATE		
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	
TITLE	D	☐ DELETE	1,1 T	ME					Change	Addition
NAME	RICHTER, HENRY J		1,2 N	AME						
STREET ADDRESS	4919 DORA DRIVE		1,3 \$	TREET	ADDRESS	s				ļ
CITY-ST-ZIP	TANGERINE FL 32777		1.4 C	ITY-S	r-ZIP					
TITLE		☐ DELETE	DELETE 2.1 TIT						Change	Addition
NAME			2.2 N	AME						ĺ
STREET ADDRESS			2,3 S	TREET	ADDRESS	s				Ţ
CITY-ST-ZIP			2.40	CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 T	ITLE					Change	☐ Addition
NAME			32 N	AME						
STREET ADDRESS			3.3 S	TREET	ADDRESS	s				
CITY-ST-ZIP			3,4. (CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 T	TLE					Change	Addition
NAME			4, 21	VAME						Ì
STREET ADDRESS			4.3 S	TREET	ADDRES	s				
CITY-ST-ZIP			4.4 0	TY-S	T-ZIP					
TITLE		☐ DELETE	5.1 T						☐ Change	Addition
NAME				IAME						l
STREET ADDRESS			. Ii		ADDRES	s				
CMY-ST-ZIP			_	ITY-S	T- ZIP					□ • ****
TITLE		☐ DELETE	6.† T						Change	Addition
NAME			- 1	IAME	1					
STREET ADDRESS			6.3 \$	TREE	TADÓRES:	s				

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

35. 1.11 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

14. I hereby 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 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, with all prings like empowered.