

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 APR 24 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54031

(4)

1. Corporation Name

CMH OF CLAY COUNTY, INC.

Principal Place of Business

Mailing Address

2575 CR 220 SUITE 107
4215 SOUTHPOINT BLVD. SUITE 100
DOCTORS INLET FL 32088

2575 CR 220 SUITE 107
4215 SOUTHPOINT BLVD. SUITE 100
DOCTORS INLET FL 32088

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1990

3a. Date of Last Report

02/16/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2994500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, BARRY B.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32218

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MENARD, JAMES R.
STREET ADDRESS	2575 CR 220 SUITE 107
CITY - ST - ZIP	DOCTORS INLET FL
TITLE	D
NAME	COLLEDGE, SHEPHERD E.
STREET ADDRESS	2575 CR 220 SUITE 107
CITY - ST - ZIP	DOCTORS INLET FL
TITLE	ST
NAME	LEE, KATHERINE; M
STREET ADDRESS	2575 CR 220 SUITE 107
CITY - ST - ZIP	DOCTORS INLET FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D, S. T
2.3 STREET ADDRESS	Colledge, Shepherd E.
2.4 CITY - ST - ZIP	2575 CR 220, Suite 107 Doctors Inlet, Fla. 32068
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Delete.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Menard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008778

CP