

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PH 2:26

DOCUMENT # L70481

(1)

1. Corporation Name

AHP OF TARPON SPRINGS, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
8761 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

% C T CORPORATION SYSTEM
8761 WEST BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1990

3a. Date of Last Report

03/10/1994

4. FEI Number

95-4278040

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 1200 S. Pine Island Road

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 1200 S. Pine Island Road

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SULLIVAN, JOSEPH P
STREET ADDRESS 6400 FIDDLER'S GREEB CR, M STE, 1800
CITY-ST-ZIP ENGLEWOOD CO

TITLE VD
NAME LEWIS, GEOFFREY D.
STREET ADDRESS 6400 S FIDDLERS GREEN CR
CITY-ST-ZIP ENGLEWOOD CO

TITLE TD
NAME STREUFERT, VICTOR C.
STREET ADDRESS 6400 S FIDDLERS GREEN CR
CITY-ST-ZIP ENGLEWOOD CO

TITLE S
NAME LEWIS, GEOFFREY D.
STREET ADDRESS 6400 S FIDDLERS GREEN CR
CITY-ST-ZIP ENGLEWOOD CO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

80111

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

80111

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

and Vice President

80111

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

80111

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Vice President
Schonert, C. Gregory
6400 S. Fiddler's Green Cir., Ste. 1800
Englewood, CO 80111

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Assistant Secretary
Michael J. McGee
6400 S. Fiddler's Green Cir., Ste. 1800
Englewood, CO 80111

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geoffrey D. Lewis -

3/7/95

303/796-9793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number