

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 # **M92144 (8)**
1. Corporation Name
HERITAGE HEALTH CARE CENTER OF BAKER COUNTY, INC



Principal Place of Business Mailing Address
**300 INTERNATIONAL PARKWAY
SUITE 250
HEATHROW FL 32746**

3. Date Incorporated or Qualified **07/28/1988** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-2906129** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country
25 30

9. Name and Address of Current Registered Agent

**DOWELL, DAVID R.
300 INTERNATIONAL PKWY
STE 250
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1200 State Road 434, W. Suite 124
83
84 City **LONGWOOD** FL 85 Zip Code **32750**

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 filer, if applicable) (NOTE: Registered Agent Signature is required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, DAVID R.	1.2 NAME	
STREET ADDRESS	3080 TIMPANA POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLBEE, RICHARD A.	2.2 NAME	
STREET ADDRESS	121 FIRST AVE, N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, IO	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONLEY, JAMES E, III	3.2 NAME	
STREET ADDRESS	121 FIRST AVE, N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, IO	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, CLYDE R.	4.2 NAME	
STREET ADDRESS	227 WIMBLEDON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOYLOVICH, GEORGE	5.2 NAME	
STREET ADDRESS	121 FIRST AVE, N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, IO	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. DOWELL, PRESIDENT

Date _____ Daytime Phone _____

CR2E034 (12/95)