

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M95641** (0)
1. Corporation Name
SUWANNEE VALLEY MEDICAL PERSONNEL CORPORATION

Principal Place of Business Mailing Address
275 WEST MAIN STREET **275 WEST MAIN STREET**
P O BOX 567 **P O BOX 567**
LAKE BUTLER FL 32054 **LAKE BUTLER FL 32054**

FILED
Apr 17 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **275 W. MAIN ST.** 26 **P.O. BOX 567**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LAKE BUTLER, FL** 28 **LAKE BUTLER, FL**
Zip Country Zip Country
24 **32054** 25 **UNION** 29 **32054** 30 **UNION**
3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/24/1988
4. FEI Number **59-2933712** 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No
10. Name and Address of New Registered Agent

FORTNER, GEORGE S
RT 2, BOX 287
LAKE BUTLER FL 32054

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 reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME **P** 1.2 NAME
STREET ADDRESS **FORTNER, CHRISTOPHER R.** 1.3 STREET ADDRESS
CITY-ST-ZIP **10574 OTTER CREEK DR** 1.4 CITY-ST-ZIP
JACKSONVILLE FL 2.1 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE 2.2 NAME
NAME **V** 2.3 STREET ADDRESS
STREET ADDRESS **FORTNER, ELIZABETH A.** 2.4 CITY-ST-ZIP
RT. 2 BOX 287 3.1 TITLE ☐ Change ☐ Addition
CITY-ST-ZIP **LAKE BUTLER FL** 3.2 NAME
TITLE ☐ DELETE 3.3 STREET ADDRESS
NAME **ST** 3.4 CITY-ST-ZIP
STREET ADDRESS **FORTNER, GEORGE S** 4.1 TITLE ☐ Change ☐ Addition
CITY-ST-ZIP **RT 2, BOX 287** 4.2 NAME
LAKE BUTLER FL 4.3 STREET ADDRESS
TITLE ☐ DELETE 4.4 CITY-ST-ZIP
NAME **D** 5.1 TITLE ☐ Change ☐ Addition
STREET ADDRESS **ROBERTSON, MARGARET A** 5.2 NAME
CITY-ST-ZIP **225 NE 1ST AVE** 5.3 STREET ADDRESS
LAKE BUTLER FL 5.4 CITY-ST-ZIP
TITLE ☒ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME **D** 6.2 NAME
STREET ADDRESS **FORTNER, ELIZABETH A** 6.3 STREET ADDRESS
CITY-ST-ZIP **RTE 2 BOX 287** 6.4 CITY-ST-ZIP
LAKE BUTLER FL 6.5 TITLE ☐ Change ☐ Addition
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, on an attachment with an address.

CR2E034 (10/97)