

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04807 (6)

1. Corporation Name

HCC HEALTH SERVICE CORPORATION



Principal Place of Business

Mailing Address

% T L TRIMBLE
2400 BEDFORD ROAD
ORLANDO FL 32803

% T L TRIMBLE
2400 BEDFORD ROAD
ORLANDO FL 32803

3. Date Incorporated or Qualified

08/22/1984

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21 111 N. ORLANDO AVE.

2a. Mailing Address

26 111 N. ORLANDO AVE.

4. FEI Number

59-2469462

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK, FL

City & State

28 WINTER PARK, FL

Zip

24 32789

Country

25 ORANGE

Zip

29 32789

Country

30 ORANGE

9. Name and Address of Current Registered Agent

**TRIMBLE, T L
2400 BEDFORD ROAD
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

TRIMBLE, T.L.

82 Street Address (P.O. Box Number is Not Acceptable)

63 111 NORTH ORLANDO AVENUE

84 City

WINTER PARK

FL

85 Zip Code
32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

T. L. TRIMBLE (Signature)

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CD

NAME

BLAIR, MARDIAN J

STREET ADDRESS

2400 BEDFORD RD

CITY-ST-ZIP

ORLANDO FL

TITLE

PD

☒ DELETE

NAME

THOMPSON, JAMES

STREET ADDRESS

105 WESSEX

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

TITLE

STD

☐ DELETE

NAME

TRIMBLE, TAMARA L.

STREET ADDRESS

2400 BEDFORD ROAD

CITY-ST-ZIP

ORLANDO FL

TITLE

T

☐ DELETE

NAME

JEFFUS, RHONDA

STREET ADDRESS

6130 RANIER DRIVE

CITY-ST-ZIP

ORLANDO FL

TITLE

☐ DELETE

NAME

PD

STREET ADDRESS

GANTOR, KURT

CITY-ST-ZIP

111 NORTH ORLANDO AVENUE

CITY-ST-ZIP

WINTER PARK, FL 32789-3675

TITLE

☐ DELETE

NAME

61

STREET ADDRESS

62

CITY-ST-ZIP

63

CITY-ST-ZIP

64

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CD

☒ Change ☐ Addition

1.2 NAME

BLAIR, MARDIAN J

1.3 STREET ADDRESS

111 NORTH ORLANDO AVENUE

1.4 CITY-ST-ZIP

WINTER PARK, FL 32789-3675

☐ Change ☐ Addition

2.1 TITLE

PD

2.2 NAME

PD

2.3 STREET ADDRESS

PD

2.4 CITY-ST-ZIP

PD

3.1 TITLE

STD

☒ Change ☐ Addition

3.2 NAME

TRIMBLE, TAMARA L.

3.3 STREET ADDRESS

111 NORTH ORLANDO AVENUE

3.4 CITY-ST-ZIP

WINTER PARK, FL 32789-3675

☐ Change ☐ Addition

4.1 TITLE

T

4.2 NAME

JEFFUS, RHONDA

4.3 STREET ADDRESS

6130 RAINIER DRIVE

4.4 CITY-ST-ZIP

ORLANDO, FL

☐ Change ☒ Addition

5.1 TITLE

PD

5.2 NAME

GANTOR, KURT

5.3 STREET ADDRESS

111 NORTH ORLANDO AVENUE

5.4 CITY-ST-ZIP

WINTER PARK, FL 32789-3675

☐ Change ☐ Addition

6.1 TITLE

61

6.2 NAME

62

6.3 STREET ADDRESS

63

6.4 CITY-ST-ZIP

64

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

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 407-975-1410

Date

Daytime Phone #

CR2E037 (12/95)