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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04807

1. Corporation Name

HCC HEALTH SERVICE CORPORATION

Principal Place of Business

111 N. ORLANDO AVE.
2400 BEDFORD ROAD
WINTER PARK FL 32789
US

Mailing Address

111 N. ORLANDO AVE.
2400 BEDFORD ROAD
WINTER PARK FL 32789
US



2. Principal Place of Business

111 N. Orlando Avenue

2a. Mailing Address

111 N. Orlando Avenue

3. Date Incorporated or Qualified

08/22/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2469462

Applied For

Not Applicable

City & State

Winter Park, FL

City & State

Winter Park, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

32789 US

Zip Country

32789 US

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TRIMBLE, T L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

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 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 617.0503, 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

TITLE **CD** ☐ DELETE

NAME **BLAIR, MARDIAN J**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PD** ☐ DELETE

NAME **GANTOR, KURT**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **STD** ☐ DELETE

NAME **TRIMBLE, TAMARA L**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ DELETE

NAME **JEFFUS, RHONDA**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **ORLANDO FL 32789**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **Tamara L. Trimble**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/98 **407-975-1413**

Date

Daytime Phone #

CR2E037 (1/98)