

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 21 1996 8:00 am
Secretary of State

DOCUMENT # N07883

(4)

1. Corporation Name

PARK HEALTH CORPORATION

Principal Place of Business

1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2647
WINTER PARK FL 32790-2647
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ASHMORE, PATRICIA M
1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32792

3. Date Incorporated or Qualified

02/28/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2618430

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

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

Patricia M. Ashmore
Signature, typed or printed name of registered agent and title if applicable

PATRICIA M. ASHMORE, PRES

6/17/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
ASHMORE, PATRICIA M
1870 ALOMA AVENUE, SUITE 200
WINTER PARK FL

☐ DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CD
BUILDER, J. LINDSAY JR.
390 N. ORANGE AVE., SUITE 1300
ORLANDO FL

☒ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BARNES, JAMES T JR.
1031 W. MORSE BLVD., #300
WINTER PARK FL 32789

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TSD
EVANS, DAVID L.
100 BROADWAY
OVIEDO FL

☒ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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

Patricia M. Ashmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

(407) 644-2300

Date

Daytime Phone #

CR2E037 (3/96)