

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N07883 (4)

1. Corporation Name

PARK HEALTH CORPORATION

Principal Place of Business

Mailing Address

1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789
US

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



3. Date Incorporated or Qualified
02/28/1985

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ASHMORE, PATRICIA M
STREET ADDRESS 1870 ALOMA AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE CD
NAME BUILDER, J. LINDSAY JR.
STREET ADDRESS 390 N. ORANGE AVE., SUITE 1300
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE CD
NAME BARNES, JAMES T JR
STREET ADDRESS 1031 W. MORSE BLVD., #300
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE TSD
NAME EVANS, DAVID L.
STREET ADDRESS 100 BROADWAY
CITY-ST-ZIP OVIEDO FL

DELETE

TITLE D
NAME WRENN, KAREN L
STREET ADDRESS 118 E JEFFERSON ST
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TSD
NAME JONES, J WAYNE
STREET ADDRESS 761 PINE TREE ROAD
CITY-ST-ZIP WINTER PARK FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

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

Patricia M. Ashmore, President 1/15/97 (407) 644-2200

Date

Daytime Phone # 0015343

CR2E037 (9/96)