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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2618430

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE
NAME ASHMORE, PATRICIA M
STREET ADDRESS 1870 ALOMA AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK FL

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CD ☒ Change ☐ Addition
WRENN, KAREN L.
118 E JEFFERSON ST.
ORLANDO, FL 32801

☐ Change ☐ Addition

VD ☐ Change ☒ Addition
GRAMMER, LESLIE C., JR.
333 TRISMAN TERRACE
WINTER PARK, FL 32789

TSD ☐ Change ☒ Addition
POOLE, MICHAEL W.
222 W. COMSTOCK AVE., #200
WINTER PARK, FL 32789

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.

SIGNATURE:

Patricia M. Ashmore PATRICIA M. ASHMORE, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 644-2300

CR2E037 (10/97)