

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 # N10142 (0)

1. Corporation Name

HEALTH MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

% MILLER, SCOTT
601 E. ROLLINS ST
ORLANDO FL 32803
US

% MILLER, SCOTT
601 E. ROLLINS ST
ORLANDO FL 32803
US

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

07/24/1995

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

4. FEI Number

59-2441645

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

MILLER, SCOTT
8625 CONTOURA DRIVE
ORLANDO FL 32803

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

Scott A. Miller

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITTAN, RAY	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 120	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BOHANNON, DON	
STREET ADDRESS	7430 COLONIAL COURT	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINER, RICHARD	
STREET ADDRESS	1816 LOST PINE LANE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, DES	
STREET ADDRESS	2249 PARK VILLAGE PLACE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, SANDRA	
STREET ADDRESS	340 GOLFBROOK CIR #102	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, DON	
STREET ADDRESS	1426 NOTTINGHAM ST.	
CITY-ST-ZIP	ORLANDO FL	

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SCOTT MILLER	
13 STREET ADDRESS	8625 CONTOURA DRIVE	
14 CITY-ST-ZIP	ORLANDO, FL	
21 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Penny L. Kroker	
23 STREET ADDRESS	P.O. Box 3126	
24 CITY-ST-ZIP	APOPKA, FL 32703	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOAN Salmons	
33 STREET ADDRESS	1212 Waverly Way	
34 CITY-ST-ZIP	LONGWOOD, FL	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BILL Frisby	
43 STREET ADDRESS	2902 S. PARK COURT	
44 CITY-ST-ZIP	SANFORD, FL 32773	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	FRANK RICE	
53 STREET ADDRESS	3942 COVERLY COURT	
54 CITY-ST-ZIP	LONGWOOD, FL 32779	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	JOEL HASE	
63 STREET ADDRESS	312 Park Place	
64 CITY-ST-ZIP	Altamonte Springs, FL 32701	

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:

Penny L. Kroker

Penny L. Kroker

2-1-96

(407) 847-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)