

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N12631

1. Corporation Name

SUWANNEE HEALTH, INC.

Principal Place of Business

4300 NW 89 BLVD
GAINESVILLE FL 32606
US

Mailing Address

4300 NW 89 BLVD
GAINESVILLE FL 32606
US

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90121 008 ****70.00

001398



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/13/1985

4. FEI Number

59-2300943

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

9. Name and Address of Current Registered Agent

DEMONTMOLLIN STEPHEN J
4300 NW 89 BLVD
GAINESVILLE FL 32606

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 DC
NAME CARR, GLENNA
STREET ADDRESS 4300 NW 89 BLVD
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE P
NAME PEDDIE, EDWARD C.
STREET ADDRESS 4300 NW 89 BLVD
CITY-ST-ZIP GAINESVILLE FL 32606
☐ DELETE

TITLE DT
NAME TOWNSEND, WALLACE
STREET ADDRESS 4300 NW 89 BLVD
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE DVC
NAME MOUNGER, WILLIAM
STREET ADDRESS 4300 NW 89 BLVD
CITY-ST-ZIP GAINESVILLE FL 32606
☐ DELETE

TITLE DS
NAME BULLARD, AUDREY
STREET ADDRESS 4300 NW 89 BLVD
CITY-ST-ZIP GAINESVILLE FL 32606
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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: *Philip E. Mounger* 1/8/99 305 671 4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

176871-98721-8
N12631

Suwannee Health, Inc.
Corporation # N12631
(Addendum to 1999 Corporation Annual Report)

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
 - D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606
 - D Martsolf, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
 - D Nell, Cathy 4300 NW 89 Blvd, Gainesville, FL 32606
- Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606