FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:51

DOCUMENT # **N13443** **(9)**

1. Corporation Name

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
CORPORATE OFFICE 600 E. DIXIE AVE. LEESBURG FL 34748	CORPORATE OFFICE 600 E. DIXIE AVE. LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1986
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2635190 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROBUCK, H D JR ESQ
610 E MAIN ST
LEESBURG FL 34748

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	BOLIEK, RICHARD R. ,	12 NAME	Bowersox, William P.
STREET ADDRESS	01403 SPRING LAKE ROAD	13 STREET ADDRESS	505 W. Gibson Street
CITY-ST-ZIP	FRUITLAND PARK FL 34731	14 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VD	21 TITLE	CD ☒ Change ☐ Addition
NAME	WILLIAMS, JAMES A.	22 NAME	Williams, James A.
STREET ADDRESS	3448 STARFISH AVENUE	23 STREET ADDRESS	501 W. Meadows Street
CITY-ST-ZIP	FRUITLAND PARK FL 34731	24 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	TD	31 TITLE	VD ☒ Change ☐ Addition
NAME	BURNSED, LYNN E,	32 NAME	Burnsed, Lynn E.
STREET ADDRESS	5549 BANANA POINT DRIVE	33 STREET ADDRESS	5549 Banana Point Drive
CITY-ST-ZIP	OKAHUMPKA FL 34762	34 CITY-ST-ZIP	Okahumpka, FL 34762
TITLE	SD	41 TITLE	D ☐ Change ☒ Addition
NAME	MEADE, ROBERT T.MD ,	42 NAME	Schlein, Edward M.,M. D.
STREET ADDRESS	801 E. DIXIE AVENUE, STE. A-107	43 STREET ADDRESS	710 Yorktown Drive
CITY-ST-ZIP	LEESBURG FL 34748	44 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	CD	51 TITLE	D ☒ Change ☐ Addition
NAME	ENTORF, RICHARD C	52 NAME	Glick, Michael A. , M. D.
STREET ADDRESS	1648 LOVES PT DRIVE	53 STREET ADDRESS	16 LaGrande Blvd.
CITY-ST-ZIP	LEESBURG FL 34748	54 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	D	61 TITLE	TD ☒ Change ☐ Addition
NAME	O'KELLEY, M. BENSON , JR	62 NAME	O'Kelley, M. Benson, Jr.
STREET ADDRESS	33749 OVERTON DRIVE	63 STREET ADDRESS	33749 Overton Drive
CITY-ST-ZIP	LEESBURG FL 34748	64 CITY-ST-ZIP	Leesburg, FL 34748

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ R. Patton McConnell 3/24/95 904-323-5001
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASST. Secretary/Treasurer

000044

N13443

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION

Additional Board of Directors
1995

D Lew, David C., M.D.
701 N. Palmetto Street
Suite C
Leesburg, FL 34748

P/D Giffin, James R.
600 East Dixie Avenue
Leesburg, FL 34748

S/T McConnell, R. Patton
6640 Woody Court
Leesburg, FL 34748