

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 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 # **N13443** (9)

1. Corporation Name

**CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORAT
ION**

Principal Place of Business

Mailing Address

**CORPORATE OFFICE
600 E. DIXIE AVE.
LEESBURG FL 34748**

**CORPORATE OFFICE
600 E. DIXIE AVE.
LEESBURG FL 34748-5925**



| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/14/1986 | | 3a. Date of Last Report 04/24/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2635190 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|----|----------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 | S/D | 1.1 TITLE | CD |
| NAME | BOWERSOX, WILLIAM P | 1.2 NAME | Boliek, R. Richard |
| STREET ADDRESS | 505 W GIBSON STREET | 1.3 STREET ADDRESS | 01403 Spring Lake Rd. |
| CITY-ST-ZIP | LEESBURG FL 34748 | 1.4 CITY-ST-ZIP | Fruitland Park, FL 34731 |
| TITLE | V/D | 2.1 TITLE | D |
| NAME | MEADE, ROBERT T., M.D. | 2.2 NAME | Hardy, James M., M.D. |
| STREET ADDRESS | 9223 SILVER LAKE DR. | 2.3 STREET ADDRESS | 601 E. Dixie Avenue, Plaza 901 |
| CITY-ST-ZIP | LEESBURG FL 34788 | 2.4 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | VD | 3.1 TITLE | D |
| NAME | BURNSSED, LYNN E. | 3.2 NAME | Lew, David C., M.D. |
| STREET ADDRESS | 5549 BANANA POINT DRIVE | 3.3 STREET ADDRESS | 101 S. 11th Street, Suite 1 |
| CITY-ST-ZIP | OKAHUMPKA FL | 3.4 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | D | 4.1 TITLE | D |
| NAME | SCHLEIN, EDWARD M M.D. | 4.2 NAME | Ostrander, Ted R., Jr. |
| STREET ADDRESS | 710 YORKTOWN DRIVE | 4.3 STREET ADDRESS | 1317 W. Citizen Blvd. |
| CITY-ST-ZIP | LEESBURG FL | 4.4 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | D | 5.1 TITLE | D |
| NAME | GLICK, MICHAEL A M.D. | 5.2 NAME | Sullivan, Timothy I. |
| STREET ADDRESS | 18 LAGRANDE BLVD. | 5.3 STREET ADDRESS | 1080 Flagler Avenue |
| CITY-ST-ZIP | LADY LAKE FL | 5.4 CITY-ST-ZIP | Leesburg, FL 34748 |
| TITLE | TD | 6.1 TITLE | |
| NAME | O'KELLEY, M. BENSON, JR | 6.2 NAME | |
| STREET ADDRESS | 33749 OVERTON DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL | 6.4 CITY-ST-ZIP | |

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 amendment with an address.

SIGNATURE:

Patton McConnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, SECRETARY, OR TREASURER

3/27/97

(352) 323-5002

Daytime Phone # 0070151

CR2E037 (9/96)