

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**02/14/1986**

4. FEI Number

**59-2635190**

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

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
BOWERSOX, WILLIAM P  
505 W GIBSON STREET  
LEESBURG FL 34748**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**TD  
Hardy, James M  
601 E. Dixie Avenue, Ste. 901  
Leesburg, FL 34748**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
MEADE, ROBERT T., M.D.  
9223 SILVER LAKE DR.  
LEESBURG FL 34788**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**D  
O'Kelley, M. Benson, Jr.  
33749 Overton Drive  
Leesburg, FL 34788**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
BOLIEK, R. RICHARD  
01403 SPRING LAKE RD  
FRUITLAND FL**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**D  
Gibson, Hugh H. III  
313 Del Mar Drive  
Lady Lake, FL 32159**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HARDY, JAMES M. M  
601 E. DIXIE AVENUE, PLAZA 901  
LEESBURG FL**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**D  
Jacobson, Hal M.  
301 S. Lake Street  
Leesburg, FL 34748**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GLICK, MICHAEL A M.D.  
16 LAGRANDE BLVD.  
LADY LAKE FL**

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**D  
Ostrander, Ted R., Jr.  
1644 Loves Point Drive  
Leesburg, FL 34748**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
O'KELLEY, M. BENSON, JR  
33749 OVERTON DRIVE  
LEESBURG FL**

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**D  
Sullivan, Timothy I.  
1080 Flagler Avenue  
Leesburg, FL 34748**

☐ Change ☒ Addition

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:

*R. P. McConnell*  
**R. P. McCONNELL**

**3-31-98**

CR2E037 (1097)