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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13443**

1. Corporation Name

**CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION**

Principal Place of Business

CORPORATE OFFICE  
 600 E. DIXIE AVE.  
 LEESBURG FL 34748

Mailing Address

CORPORATE OFFICE  
 600 E. DIXIE AVE.  
 LEESBURG FL 34748



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/14/1986

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 ☒

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

24

25

29

30

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 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

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

1.1 TITLE CD  
 1.2 NAME Robert T. Meade, M. D.  
 1.3 STREET ADDRESS 801 E. Dixie Avenue, Suite A-107  
 1.4 CITY-ST-ZIP Leesburg, FL 34748

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

2.1 TITLE VD  
 2.2 NAME R. Richard Boliek  
 2.3 STREET ADDRESS 01403 Spring Lake Road  
 2.4 CITY-ST-ZIP Fruitland Park, FL 34731

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

3.1 TITLE TD  
 3.2 NAME James M. Hardy, M. D.  
 3.3 STREET ADDRESS 601 E. Dixie Avenue, Plaza 901  
 3.4 CITY-ST-ZIP Leesburg, FL 34748

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

4.1 TITLE D  
 4.2 NAME M. Benson O'Kelley, Jr.  
 4.3 STREET ADDRESS 33749 Overton Drive  
 4.4 CITY-ST-ZIP Leesburg, FL 34788

TITLE D  
 NAME OSTRANDER, TED R JR  
 STREET ADDRESS 1644 LOVE POINT DR  
 CITY-ST-ZIP LEESBURG FL 34748

5.1 TITLE SD  
 5.2 NAME Timothy I. Sullivan  
 5.3 STREET ADDRESS 1009 N. 14th. Street  
 5.4 CITY-ST-ZIP Leesburg, FL 34748

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

6.1 TITLE D  
 6.2 NAME William J. Binneveld  
 6.3 STREET ADDRESS 122 E. Main Street  
 6.4 CITY-ST-ZIP Tavares, FL 32778

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:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (1/98)

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION  
BOARD OF DIRECTORS  
1999  
ADDITIONAL DIRECTORS

NI 3443

444733-90127-46

DAVID W. BURNSED, M.D.  
601 E. Dixie Avenue  
Plaza 1001  
Leesburg, FL 34748

HUGH H. GIBSON, III  
313 Del Mar Drive  
Lady Lake, FL 32159

JANICE R. KRUEGER  
707 W. Coach & Four Drive  
Leesburg, FL 34748

R. PATTON McCONNELL  
Asst. Secretary / Treasurer  
600 East Dixie Avenue  
Leesburg, FL 34748