

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15155

1. Corporation Name

Everglades Healthcare Corporation

Principal Place of Business

**c/o Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483**

Mailing Address

**c/o Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
5/29/86

3a. Date of Last Report
3/29/96

4. FID Number
59-2659724

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483**

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:

Signature of Registered Agent (Type or Print Name of Agent)

Signature of Registered Agent's partner or authorized representative

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	Donald A. Anderson	
STREET ADDRESS	200 S. Barfield Highway	
CITY-STATE-ZIP	Pahokee, FL 33476	
TITLE	DC	☐ DELETE
NAME	Faith Sasser	
STREET ADDRESS	212 N. Barfield Highway	
CITY-STATE-ZIP	Pahokee, FL 33476	
TITLE	DST	☐ DELETE
NAME	Theodore Gallo, III	
STREET ADDRESS	3351 Bacom Point Road	
CITY-STATE-ZIP	Pahokee, FL 33476	
TITLE	DV	☐ DELETE
NAME	Elisha Baines	
STREET ADDRESS	161 West Fourth Street	
CITY-STATE-ZIP	Pahokee, FL 33476	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	D	☐ Change ☒ Addition
12 NAME	Edwin Jones	
13 STREET ADDRESS	1135 Garden Place	
14 CITY-STATE-ZIP	Pahokee, FL 33476	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	Richard Hefernan	
23 STREET ADDRESS	2911 East Main Street	
24 CITY-STATE-ZIP	Pahokee, FL 33476	
31 TITLE	D	☐ Change ☒ Addition
32 NAME	Roy Singletary	
33 STREET ADDRESS	250 South Lake Avenue	
34 CITY-STATE-ZIP	Pahokee, FL 33476	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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***122.50**

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

Donald A. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald A. Anderson, as President

8/15/96

407/924-5201
Filing Fee

09, 8/15/96

CR2E034 (12/95)