

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # N15155 (7)
1. Corporation Name
EVERGLADES HEALTHCARE CORPORATION



Principal Place of Business Mailing Address
C/O JOEL T. STRAWN C/O JOEL T. STRAWN
54 N.E. FOURTH AVENUE 54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-4529

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

3. Date Incorporated or Qualified 05/29/1986 3a. Date of Last Report 03/29/1996
4. FEI 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
STRAWN, JOEL T. 81 Name
54 NE FOURTH AVE. 82 Street Address (P.O. Box Number is Not Acceptable)
DELRAY BEACH FL 33483 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 reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSER, FAITH	1.2 NAME	Jones, Edwin
STREET ADDRESS	212 N. BARFIELD HWY.	1.3 STREET ADDRESS	1135 Garden Place
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	Pahokee, FL
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, THEODORE III	2.2 NAME	Sasser, Faith
STREET ADDRESS	3351 BACOM POINT RD.	2.3 STREET ADDRESS	212 N Barfield Hwy
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	Pahokee, FL
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAINES, ELISHA	3.2 NAME	Mavroides, Christopher
STREET ADDRESS	181 W. 4TH ST.	3.3 STREET ADDRESS	170 S Barfield Hwy
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	Pahokee, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DONALD A.	4.2 NAME	
STREET ADDRESS	200 S. BARFIELD HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EDWIN	5.2 NAME	
STREET ADDRESS	1135 GARDEN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN, RICHARD	6.2 NAME	
STREET ADDRESS	2911 EAST MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476	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 or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)