


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483 | Mailing Address C/O JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483 |
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| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|---|
| 3. Date Incorporated or Qualified 05/29/1986 |
| 4. FEI Number 59-2659724 |
| Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**STRAWN, JOEL T.
54 NE FOURTH AVE.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | JONES, EDWIN | |
| STREET ADDRESS | 1135 GARDEN PLACE | |
| CITY-ST-ZIP | PAHOKEE FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | GALLO, THEODORE III | |
| STREET ADDRESS | 3351 BACOM POINT RD. | |
| CITY-ST-ZIP | PAHOKEE FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | BAINES, ELISHA | |
| STREET ADDRESS | 181 W. 4TH ST. | |
| CITY-ST-ZIP | PAHOKEE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, DONALD A. | |
| STREET ADDRESS | 200 S. BARFIELD HWY. | |
| CITY-ST-ZIP | PAHOKEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SASSER, FAITH | |
| STREET ADDRESS | 212 N. BARFIELD HWY | |
| CITY-ST-ZIP | PAHOKEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HEFERNAN, RICHARD | |
| STREET ADDRESS | 2011 EAST MAIN STREET | |
| CITY-ST-ZIP | PAHOKEE FL 33478 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *Donald A. Anderson / Donald A. Anderson 2/26/98 (561) 924-5221*

CR2E037 (10/97)