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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15155

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



2. Principal Place of Business

21 C/O Donald A. Anderson

2a. Mailing Address

26 C/O Donald A. Anderson

3. Date Incorporated or Qualified

05/29/1986

Suite, Apt. #, etc.

22 200 S. Barfield Highway

Suite, Apt. #, etc.

27 200 S. Barfield Highway

4. FEI Number

59-2659724

Applied For

Not Applicable

City & State

23 Pahoee, FL

City & State

28 Pahoee, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33476 25 USA

Zip Country

29 33476 30 USA

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Donald A. Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

83 200 S. Barfield Highway

84 City Pahoee

FL

85 Zip Code
33476

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

Donald A. Anderson

Signature, type or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME JONES, EDWIN
STREET ADDRESS 1135 GARDEN PLACE
CITY-ST-ZIP PAHOEE FL

TITLE DST ☐ DELETE

NAME GALLO, THEODORE III
STREET ADDRESS 3351 BACOM POINT RD.
CITY-ST-ZIP PAHOEE FL

TITLE DV ☐ DELETE

NAME BAINES, ELISHA
STREET ADDRESS 161 W. 4TH ST.
CITY-ST-ZIP PAHOEE FL

TITLE P ☐ DELETE

NAME ANDERSON, DONALD A.
STREET ADDRESS 200 S. BARFIELD HWY.
CITY-ST-ZIP PAHOEE FL

TITLE D ☐ DELETE

NAME SASSER, FAITH
STREET ADDRESS 212 N. BARFIELD HWY
CITY-ST-ZIP PAHOEE FL

TITLE D ☐ DELETE

NAME HEFFERNAN, RICHARD
STREET ADDRESS 2911 EAST MAIN STREET
CITY-ST-ZIP PAHOEE FL 33476

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

1/14/99 (561) 924-5201
Date Daytime Phone #

CR2E037 (11/98)