FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:23

DOCUMENT # N18487 (1)

1. Corporation Name
CENTER FOR CORPORATE AND FAMILY HEALTH,INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216	4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 12/29/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2803959 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MIKUS, ~~MICHEAL~~ MICHAEL
4130 SALISBURY RD
SUITE 2150
JACKSONVILLE FL 32216

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☐ Change ☑ Addition
NAME	SMITH, RUSSELL A	1.2 NAME	JOHN EDWARDS
STREET ADDRESS	519 NEWMAN ST.	1.3 STREET ADDRESS	135 RIVERSIDE AVE, 2nd FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, SHEILA	2.2 NAME	
STREET ADDRESS	9223 SAFFRON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WINSTON-MASON, KIM	3.2 NAME	
STREET ADDRESS	150 13TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, JOSEPH	4.2 NAME	
STREET ADDRESS	9432 BAYMEADOWS RD, #350	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	☐ Change ☐ Addition
NAME	KIP, RICHARD	5.2 NAME	
STREET ADDRESS	1012 PARKRIDGE CIRCLE E	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	MIKUS, MICHAEL	6.2 NAME	
STREET ADDRESS	4130 SALISBURY RD #2150	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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)(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: Michael J. Mikus 1/20/95 (904) 281-0623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001887