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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N18487 (1)

1. Corporation Name

CENTER FOR CORPORATE AND FAMILY HEALTH, INC.



Principal Place of Business

Mailing Address

4130 SALISBURY RD. #2150
JACKSONVILLE FL 32216

4130 SALISBURY RD. #2150
JACKSONVILLE FL 32216-0949

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MIKUS, 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	SMITH, RUSSELL A	STREET ADDRESS	519 NEWMAN ST.	CITY-ST-ZIP	JACKSONVILLE FL 32202	<input type="checkbox"/> DELETE
TITLE	D	NAME	COLLIER, SHEILA	STREET ADDRESS	9223 SAFFRON DR	CITY-ST-ZIP	JACKSONVILLE FL 32257	<input type="checkbox"/> DELETE
TITLE	D	NAME	WINSTON-MASON, KIM	STREET ADDRESS	150 13TH ST.	CITY-ST-ZIP	ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	HUNT, JOSEPH	STREET ADDRESS	9432 BAYMEADOWS RD, #350	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE	C	NAME	EDWARDS, JOHN	STREET ADDRESS	135 RIVERSIDE AVE	CITY-ST-ZIP	JACKSONVILLE FL 32202	<input type="checkbox"/> DELETE
TITLE	PD	NAME	MIKUS, MICHAEL	STREET ADDRESS	4130 SALISBURY RD #2150	CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JENNIFER DAVIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	P.O. Box 44178		
1.3 STREET ADDRESS	815 S. MAIN ST.		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207		
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	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	EDWARDS, JOHN		
5.3 STREET ADDRESS	411 W. ADAMS ST #200		
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202		
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 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 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Mikus REQUIRED

2/11/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 90006631

PR2E037 (9/96)