


FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18487** (1)  
1. Corporation Name  
**CENTER FOR CORPORATE AND FAMILY HEALTH, INC.**

Principal Place of Business <b>4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216</b>	Mailing Address <b>4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216</b>
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3. Date Incorporated or Qualified  
**12/29/1986**

4. FEI Number <b>59-2803959</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> P. O. Box 19249 <b>27</b> Suite, Apt. #, etc. <b>28</b> City & State <b>29</b> Jacksonville, FL <b>30</b> Zip <b>31</b> Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKUS, MICHAEL  
4130 SALISBURY RD  
SUITE 2150  
JACKSONVILLE FL 32216**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, A. RUSSELL</b>	
STREET ADDRESS	<b>519 NEWMAN ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLIER, SHEILA</b>	
STREET ADDRESS	<b>9223 SAFFRON DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JENNIFER</b>	
STREET ADDRESS	<b>815 S MAIN ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNT, JOSEPH M JR.</b>	
STREET ADDRESS	<b>9432 BAYMEADOWS RD. #350</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDWARDS, JOHN</b>	
STREET ADDRESS	<b>411 W ADAMS ST #200</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, JENNIFER</b>	
STREET ADDRESS	<b>P.O. BOX 44178 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PC</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4130 Salisbury Rd., #2150</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>Robert Sommers</b>
5.3 STREET ADDRESS	<b>900 University Blvd.N., Suite 700</b>
5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>
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: **Robert Sommers** Robert Sommers

(904) 742-1000

CR2E037 (10/97)