


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90043 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18487					
1. Corporation Name CENTER FOR CORPORATE AND FAMILY HEALTH, INC.					
Principal Place of Business 4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216			Mailing Address P O BOX 19249 JACKSONVILLE FL 32245 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2803959	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	
				Added to Fees	

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 CANTRELL, MAUREEN			
				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 Maureen Cantrell (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, A. RUSSELL			1.2 NAME			
STREET ADDRESS	519 NEWMAN ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, JENNIFER			3.2 NAME			
STREET ADDRESS	4130 SALISBURY RD #2150			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNT, JOSEPH M JR.			4.2 NAME			
STREET ADDRESS	9432 BAYMEADOWS RD, #350			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT SOMMERS			5.2 NAME			
STREET ADDRESS	900 UNIVERSITY BLVD N #700			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, JENNIFER			6.2 NAME			
STREET ADDRESS	900 UNIVERSITY BLVD N #700			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211			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 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: Maureen Cantrell **RECEIVED** 2/18/99 743-1883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)