

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90025 048 ****61.25

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DOCUMENT # N23361

1. Corporation Name

LMF GUARDIANSHIP SERVICES, INCORPORATED

Principal Place of Business

2033 WOOD ST., STE. 210
SARASOTA FL 34237
US

Mailing Address

3507 FRONTAGE ROAD
SUITE 350
TAMPA FL 33607
US



2. Principal Place of Business

21 2700 W Dr MLK Blvd

2a. Mailing Address

26 2700 W Dr MLK Blvd

3. Date Incorporated or Qualified

11/09/1987

Suite, Apt. #, etc.

22 3rd floor

Suite, Apt. #, etc.

27 3rd Floor

4. FEI Number

59-3128525

Applied For

Not Applicable

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip Country

24 33607

Country

25

Zip

29 33607

Country

30

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NUECHTERLEIN, MICHAEL
CARLTON FIELDS
ONE HARBOUR PLACE
TAMPA FL 33602

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 PD ☐ DELETE

NAME GALL, DONALD
STREET ADDRESS 1127 FLORES DE AVILA
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME WELLS, JAMES A
STREET ADDRESS 3507 FRONTAGE RD., #350
CITY-ST-ZIP TAMPA FL 33607-1776

TITLE D ☒ DELETE

NAME SMITH, PAMELA I
STREET ADDRESS 3507 FRONTAGE RD., #350
CITY-ST-ZIP TAMPA FL 33607-1776

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 2700 W. Dr. MLK Blvd ☒ Change ☐ Addition

1.2 NAME 3rd Floor
1.3 STREET ADDRESS Tampa, florida 33607
1.4 CITY-ST-ZIP

2.1 TITLE Director, Secretary ☒ Change ☐ Addition

2.2 NAME 2700 W. Dr. MLK Blvd, 3rd Floor
2.3 STREET ADDRESS Tampa, Florida 33607
2.4 CITY-ST-ZIP

3.1 TITLE 2700 W. Dr. MLK Blvd. ☒ Change ☐ Addition

3.2 NAME 3rd Floor
3.3 STREET ADDRESS Tampa, Florida 33607
3.4 CITY-ST-ZIP

4.1 TITLE Jody Hill, Director ☐ Change ☒ Addition

4.2 NAME 2700 W. Dr. MLK Blvd. 3rd Floor
4.3 STREET ADDRESS Tampa, Florida 33607
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:

James A. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2E037 (11/98)