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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28740** (1)

1. Corporation Name

**THE H. WARNER WEBB CENTER FOR INDEPENDENT LIVING, INC.**

Principal Place of Business

Mailing Address

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202-5151



3. Date Incorporated or Qualified **10/07/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2919779</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH HULSEY & BUSEY**  
**1800 FIRST UNION NATIONAL BANK TOWER**  
**225 WATER STREET**  
**JACKSONVILLE FL 32202**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>Secretary / Director</b>
NAME	<b>HUELLMANTEL, AL</b>	1.2 NAME	<b>Joyce C. Eyrick</b>
STREET ADDRESS	<b>340 SAN JUAN DR.</b>	1.3 STREET ADDRESS	<b>1075 Hendricks Ave</b>
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32247</b>
TITLE	<b>DV</b>	2.1 TITLE	<b>President / Director</b>
NAME	<b>OAKLEY, CHRIS</b>	2.2 NAME	
STREET ADDRESS	<b>1837 INGLESIDE AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<b>Director</b>
NAME	<b>CARTER, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>8342 BROOKMONT AVE.S.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<b>Vice President / Director</b>
NAME	<b>MAIGE, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>4500 SALISBURY RD, SUITE 180</b>	4.3 STREET ADDRESS	<b>3740 St Johns Bluff Road, Suite 5</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32224</b>
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>KIRKLAND-WEBB, CAROLYN</b>	5.2 NAME	
STREET ADDRESS	<b>1849 SEMINOLE RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<b>Treasurer / Director</b>
NAME	<b>MORELAND, HENRY</b>	6.2 NAME	<b>John H. McCorvey Jr. Esq</b>
STREET ADDRESS	<b>2360 LAKESHORE DR.</b>	6.3 STREET ADDRESS	<b>1075 Hendricks Ave</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32247</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004018

CR2E037 (9/96)

## **BOARD OF DIRECTORS**

### **OFFICERS**

- ✓ *President*  
Christopher L. Oakley
- ✓ *Vice-President*  
Robert L. Maige, C.P.A.
- ✓ *Secretary*  
Joyce C. Eyrick
- Treasurer*  
✓ John H. McCorvey, Jr., Esq.

Lise M. Alexandre  
Sandra L. Arts  
George W. Carter  
Clifford B. David, M.D., M.P.H.  
Mischelle Grant  
Bruce R. Grob, Ph.D.  
Wendy T. Gross, R.N.  
James R. Martin  
John M. Mazur, M.D.  
Thomas J. McEnany  
Douglas J. Milne  
Sherri L. Moody  
Ricardo Morales, III  
Jane Loop Nimnicht  
Maurice J. Pilver  
Patrick A. Sabadie  
Veronica W. Valentine, Ed.D.  
Carolyn Kirkland-Webb  
Stephen K. Wilson

### **EMERITUS**

H. Warner Webb, M.D.

### **EX-OFFICIO**

Wanda M. Someillan

### **EXECUTIVE DIRECTOR**

Donna C. Zahra, ARNP, MSN