FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



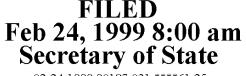
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N44225

1. Corporation Name



02-24-1999 90187 031 ****61.25

FLORIDA	A HOSPITAL COLLEGE OF	HEALTH SCIENCE	S, INC					
Principal Place of Business Mailing Address						╡ .		,
800 LAKE ESTELLE DR. 800 LAKE ESTELLE DR.						I INDENNIEN DIN BRON SIDEN NEUD HERD DER BUR DROCK DE	AN ANAIN ANAIN ANAI	(1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ORLANDO FL 32803 ORLANDO FL 32803								
US		U\$					ALL BERTE REPORT BURE	fê bi bit i nai
l						•	.`	
3 04-3-40	Name of Dunkasa	2a. Mailing Address				3. Date Incorporated or Qualifed		
├ ┐	Place of Business	26 Walling Address	•			07/03/1991		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number	Apr	plied For
22		27	· - ·			59-0724459	. Not	t Applicable
City & Star	te	City & State			.	5. Certificate of Status Desired	-\$8.75 A	dditional
23		28					Fee Re	quired .
Zip	Country	Zip		ountry	,	6. Election Campaign Financing	\$5.00	
24	25	29	30	,		Trust Fund Contribution	Added to	o Fees
	9. Name and Address of Curre	ent Registered Agent		-	T	10. Name and Address of New Registered	Agent	
				81	Name	-		Ī
GREENLAW, DAVID E.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
800 LAKE ESTELLE				83				
ORLANDO FL 32803				63		,		
				84	City	E1	85 Zip C	ode
44 5	647.05	02 and 647 4500 Elorida	Ctatutas the	above	- named com	exertion submits this statement for the nurrose of	changing its	registered
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	e of Florida. Such change	was authorize	ed by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as rec	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.050	3, Florida Sta	atutes	•			. [
SIGNATURE			(MOTE: Basister	nd Amor	et alanah ira rapida	d when rainstating) DATE		
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	(NOTE: Register		ir signatura redune	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP	☐ D£LE	TE 1.1	TITLE			☐ Change	☐ Addition
NAME	GREENLAW, DAVID E		1.2	NAME				
STREET ADDRESS	*** = 5011110 115		1.3	STREET	TADORESS	٠.	·,	
CITY-ST-ZIP	ORLANDO FL		1.4	CITY-S	T-ZIP	·		
TITLE	TD	☐ DELE	TE 2.1	TITLE			Change	☐ Addition
NAME	SHAW, T		2.2	NAME		• .		
STREET ADDRESS			2.3	STREET	TADORESS	•		
CITY-ST-ZIP	ORLANDO FL		2. 4	CITY-S	ST-ZIP	<u> </u>		
TITLE	D	☐ DELI	TE 3.1	TITLE			Change	Addition
NAME	WERNER, THOMAS L		3.2	NAME		,		- }
STREET ADDRESS	601 E ROLLINS AVE		3.3	STREET	T ADDRESS	•	*	
CITY-ST-ZIP	ORLANDO FL			CITY-S	ST-ZIP			
TITLE		☐ DELI	ETE 4.1	TITLE		,	☐ Change	Addition
NAME			. 4. 2	NAME		·	,	:
STREET ADDRESS			4.3	STREET	TADDRESS			;
CITY-ST-ZIP				CITY-\$	T-ZIP		- Chance	- CJ Additio-
TITLE		□ DELI		TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS					F ADDRESS			,
CITY-ST-ZIP				CITY+S'	1-2P		☐ Change	Addition
TITLE	I	☐ DELE	: IE 0.1	HILE	ı	·		

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 armual 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 control of the control of the receiver of 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 changes, or or an attactment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

(402) 895-7894