FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:48

DOCUMENT # **N44499** **(4)**

1. Corporation Name
HEALTHPARK CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16131 ROSERUSH COURT FT MYERS FL 33908	16131 ROSERUSH COURT FT MYERS FL 33908

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0319983 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCURDY, ROBERT C
2776 CLEVELAND AVE
FT MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	BARRETT, LOIS C	12 NAME	
STREET ADDRESS	242 STEVENS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MARKS, ANNA E	22 NAME	
STREET ADDRESS	5326 COOCA COURT	23 STREET ADDRESS	902 S. E. 21st STREET
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	CAPE CORAL, FL.33990
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	COGGINS, LESTER SR	32 NAME	
STREET ADDRESS	18621 TELEGRAPH CREEK LANE	33 STREET ADDRESS	C/O COGGINS TRUCKING,P.O.BOX 69
CITY-ST-ZIP	ALVA FL	34 CITY-ST-ZIP	FORT MYERS FL.33902
TITLE	SD	41 TITLE	D ☒ Change ☐ Addition
NAME	ABELS, MARK J	42 NAME	GREEN, CAROLE A.
STREET ADDRESS	821 CAPE VIEW DRIVE	43 STREET ADDRESS	5260 S. LANDINGS DR. #16-1
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	FT. MYERS, FL. 33919
TITLE	D	51 TITLE	VICE CHAIR ☒ Change ☐ Addition
NAME	GUDGEL, EDWARD M.D.	52 NAME	
STREET ADDRESS	13319 OAK HILL LOOP S.E.	53 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	FENNING, FRAN	62 NAME	ENGLISH, JAMES J.
STREET ADDRESS	2780 CLEVELAND AVE #709	63 STREET ADDRESS	1255 FLORIDA AVENUE
CITY-ST-ZIP	FT MYERS FL	64 CITY-ST-ZIP	FT. MYERS, FL. 33901

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lois C. Barrett 3-22-95 813-334-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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12 CONT.,

TITLE: D
NAME: SHANE, KIMBERLY
ADDRESS: 1110 N.E. 13th PLACE
CITY-ST-ZIP: CAPE CORAL, FL. 33919

TITLE: D
NAME: ATKINSON, DR JOHN
ST.ADDRESS: 270 EGRET AVE.
CITY-ST.-ZIP: FORT MYERS BEACH, FL 33931

TITLE: S
NAME: MARTIN, WILLIAM
ST. ADDRESS: BAYSHORE VILLAGE, 15890 LAKE POINT COURT
CITY-ST.-ZIP: N. FORT MYERS, FL. 33917

TITLE: D
NAME: DANIELS, LARRY
ST. ADDRESS: 2525 E. FIRST ST. APT 105A
CITY-ST-ZIP: FORT MYERS FL. 33901