FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44499 (4)				
HEALTHPARK CARE CENTER, INC.				
PLALIFICANK CARE CENTER, INC.				
Principal Place of Business Mailing Address				
16131 ROSERUSH COURT 16131 ROSERUSH COURT				6. Pole leavenment of Challed
		FT MYERS FL 33908		3. Date Incorporated or Qualified 07/31/1991
Í				4. FEI Number Applied For
			65-0319983 Not Applicable	
2. Principal Place of Business 2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			Fee Required	
22 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State City & State			7. Is this nonprofit corporation a homeowners association?	
23		28		☐ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Reg				10. Harrie and Address of New Hagistered Agent
MONIPON POPPOT O				
2776 CLEVELAND AVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)
FT MYERS FL 33901			83	
· · · · · · · · · · · · · · · · · · ·			84 City	■ . 85 Zip Code
<u> </u>				
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 bitle if applicable (NOTE Registered Agent signature required w				equired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	С	☐ DELETE	1.1 TITLE	CD Change Addition
NAME	Barrett, lois c		1.2 NAME	
STREET ADDRESS	242 STEVENS BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	T process	1.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	D ELLIO ARVE	DELETE	21 TITLE	Change Addition
NAME STREET ADDRESS	ELLIS, MIKE 2348 SYCAMORE ST.		2.2 NAME 2.3 STREET ADORESS	
CITY-ST-ZIP	ST. JAMES CITY FL 33958		2.3 STREET ADDRESS	
TITLE	TD	DELETE	3.1 TITLE	Change Addition
NAME	COGGINS, LESTER SR	••	3 2 NAME	
STREET ADDRESS	PO BOX 69 N/A		3 3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	Change Addition
NAME	GREEN, CAROLE A.		4, 2 NAME	
STREET ADDRESS	5260 S. LANDINGS DR. #1601		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FT MYERS FL 33919 D	DELETE	4.4 City - ST - ZIP 5.1 TITLE	Change Addition
NAME	STOUT, MARILYN		5.0 TITLE 5.2 NAME	E Cusude E Manual
STREET ADDRESS	4925 SW 10TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		5.4 CITY - ST - ZIP	
TITLE	VC	DELETE	6.1 TITLE	VCD Change Addition
NAME	ENGLISH, JAMES J.		62 NAME	
STREET ADDRESS	1255 FLORIDA AVE		6.3 STREET ADDRESS	

64 City-St-ZiP FT MYERS Ft. 33901

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.

SIGNATURE:

INATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98

941- 432-3432

FILED

May 15 1998 8:00am

Secretary of State

HEALTHPARK CARE CENTER, INC. ANNUAL REPORT 1998 DOCUMENT N44499

Treasurer/Director

Addition

Pete Doragh 12071 Wedge Drive

Fort Myers, FL 33913

Director

S 4 1 1 1 1

Addition

John Atkinson, D.D.S. 270 Egret Avenue

Fort Myers Beach, FL 33931

Director

Addition

Franklin Mann, Sr. 17281 Brenfield Lane Alva, FL 33920

Director

Addition

Larry Daniels

2525 E. First Street, Apt. A-105

Fort Myers, FL 33901

Director

Addition

William G. Martin Bayshore Village 15890 Lake Point Court North Fort Myers, FL 33917