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 MAY -1 PM 1:08

DOCUMENT # N49502 (0)

1. Corporation Name

COMBINED HEALTH AGENCIES OF NORTHEAST FLORIDA, I NC.

Principal Place of Business	Mailing Address
2 PRUDENTIAL PLAZA 701 SAN MARCO BLVD #1619 JACKSONVILLE FL 32216 US	2 PRUDENTIAL PLAZA 701 SAN MARCO BLVD #1619 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3132204 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 Riverplace Tower,	26 P. O. Box 23932		
Suite, Apt. #, etc. 22 Suite 1301	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip / Country 24 32207 / 25 Duval	Zip / Country 29 32207 / 30 Duval	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
2000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name	Fred Seely	
82	Street Address (P.O. Box Number is Not Acceptable)	1820 Barrs St., #458C	
83			
84	City	Jacksonville, Fl. FL	85 Zip Code 32204

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: Fred J Seely — DATE: May 17, 1995
Signature, type 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	TD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	GASPAROVIC, WILLIAM P	1.2 NAME	Dr. Rick Charlton	
STREET ADDRESS	2131 MANGO PL	1.3 STREET ADDRESS	580 W. 8th St.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32209	
TITLE	PD	2.1 TITLE	Vice-President D	☒ Change ☐ Addition
NAME	SABADIE, PATRICK	2.2 NAME	Fred Seely	
STREET ADDRESS	24 BEACH WALKER RD	2.3 STREET ADDRESS	1820 Barrs St., #458C	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32204	
TITLE	VPD	3.1 TITLE	Secretary-Treasurer D	☒ Change ☐ Addition
NAME	CHARLTON, DR RICK	3.2 NAME	William P. Gasparovic	
STREET ADDRESS	580 W 8TH ST #8000	3.3 STREET ADDRESS	2131 Mango Place	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fl. 32207	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: _____ 4/27/95 (904) 358-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001436