

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 06 1996 8:00 am
Secretary of State

DOCUMENT # N49502
1. Corporation Name

COMBINED HEALTH AGENCIES OF NORTHEAST FLORIDA, INC.

Principal Place of Business
Riverplace Tower
Suite 1301
Jacksonville, Fl. 32207
Mailing Address
P. O. Box 23932
Jacksonville, Fl. 32207

2. Principal Place of Business
21 Riverplace Tower
Suite, Apt. #, etc.
22 Suite #1301
City & State
23 Jacksonville, Fl.
Zip
24 32207
Country
25 Duval
2a. Mailing Address
26 P. O. Box 23932
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl.
Zip
29 32241-3932
Country
30 Duval

3. Date Incorporated or Qualified
6/18/92
3a. Date of Last Report
May, 1995
4. FEI Number
59-3132204
Applied For
Not Applicable
5. Certificate of Status Desired
8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

Fred Seely
1820 Barrs St.
#458C
Jacksonville, Fl. 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: *Fred Seely* FRED SEELY

5/22/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent's signature required when reinstating)

DATE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President D
Fred Seely
1820 Barrs St., Suite 458C
Jacksonville, Fl. 32204
Vice-President D
Dr. Rick Charlton
580 W. 8th St.
Jacksonville, Fl. 32209
Secretary - D
Matthew M. Davies
1200 Riverplace Blvd., Ste. 701
Jacksonville, Fl. 32207
Treasurer - D
Michael L. Wood
4417 Beach Blvd., Ste. 200
Jacksonville, Fl. 32207
DELETED
DELETED
DELETED
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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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: *Fred Seely* FRED SEELY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96 (904) 346-1625

CR2E037 (12/95)