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May 01 1997 8:00am
Secretary of State

NCIPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49502

1. Corporation Name

COMBINED HEALTH AGENCIES OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

Riverplace Tower
Suite 1301
Jacksonville, Fl. 32207

P. O. Box 23932
Jacksonville, Fl. 32241

2. Principal Place of Business

2a. Mailing Address

21 Riverplace Tower

26 P. O. Box 23932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1301

27 Suite, Apt. #, etc.

City & State

City & State

23 Jacksonville, Fl.

28 Jacksonville, Fl.

Zip

Country

Zip

Country

24 32207

25 Duval

29 32241-3932

30 Duval

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

6/18/92

3a. Date of Last Report

6/6/96

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

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President D ☒ DELETE

1.1 TITLE

President D

☒ Change ☐ Addition

NAME Dr. Rick Charlton

1.2 NAME

Jamie Glavich

STREET ADDRESS 580 W. 8th St.
CITY-STATE-ZIP Jacksonville, Fl. 32209

1.3 STREET ADDRESS

9664 Hood Rd.
Jacksonville, Fl. 32257

1.4 CITY-STATE-ZIP

TITLE Secretary - D ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME William P. Gasparovic
STREET ADDRESS 2131 Mango Place
CITY-STATE-ZIP Jacksonville, Fl. 32207

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE Treasurer - D ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME Michael L. Wood
STREET ADDRESS 4417 Beach Blvd., Ste. 200
CITY-STATE-ZIP Jacksonville, Fl. 32207

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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14. I do 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:

Jamie Glavich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie Glavich

4/28/97

(904) 292-9600

Date

Daytime Phone #

CR2E037 (9/96)