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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N50320** (3)

1. Corporation Name

CYSTIC FIBROSIS CARE GROUP, INC.



Principal Place of Business

Mailing Address

**9711 NEARWATER PLACE
WINDERMERE FL 34786**

**9711 NEARWATER PLACE
WINDERMERE FL 34786-8327**

3. Date Incorporated or Qualified
06/07/1992

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZETTERLUND, WILLIAM E.
9711 NEARWATER PLACE
WINDERMERE FL 34786**

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 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 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 **D** ☐ DELETE

NAME **ZETTERLUND, WILLIAM E.**
STREET ADDRESS **9711 NEARWATER PL**
CITY-ST-ZIP **WINDERMERE FL**

TITLE **VD** ☐ DELETE

NAME **HOUSEMAN, MARK**
STREET ADDRESS **5594 PALM LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE

NAME **SAMUELS, MARY**
STREET ADDRESS **489 PINE HILL BLVD.**
CITY-ST-ZIP **GENEVA FL**

TITLE **TD** ☐ DELETE

NAME **WHALEN, SUZANNE**
STREET ADDRESS **1334 NORTH MARCY DRIVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE

NAME **FELLOWS, KELLY**
STREET ADDRESS **7637 TIMBER RIVER**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **MOORE, MARILYN**
STREET ADDRESS **308 MCJORDAN AVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)