FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
annual Report



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

30

1996

DOCUMENT #

SIGNATURE:

N9300005480 (9)

PROFESSIONALS FOR EXCELLENCE IN HEALTH CARE, INC

Principal Place of Business 612 HARBOR ISLAND CLEARWATER FL 34630	Mailing Address 612 HARBOR ISLAND CLEARWATER FL 34630		
2 Dispisal Disput D		3. Date Incorporated or Qualified 12/06/1993	
Principal Place of Business Online Place of Business	2a. Mailing Address 26	4. FEI Number 59-3220752	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	
City & State 23 Zip Country	City & State	Election Campaign Financing Trust Fund Contribution	
Country Country	Zip Country	8. This corporation has liability for	

29

9. Name and Address of Current B

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

3a. Date of Last Report 11/17/1995

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

		- ragont			10. Name and Address of New Registered Agent
WARD, TERESA COOPER, ESQ. 5322 DUHME RD ST PETERSBURG FL 33708		8	B1	1 Name	
		6	82	Street Address (P.O. Box Number is Not Acceptable)	
			B3		
****					<u></u>
				- 1	17 185 210 Code
11. Pursuant	to the provisions of Sections 617.0502 and 617	7.1508, Florida Statutes	s, the above	_ e∙na	named corporation submits this statement for the purpose of changing its registere
familiar wi	ed agent, or both, in the State of Florida. Such th, and accept the obligations of, Section 617.0	change was authorize 3503. Florida Statutes	d by the co	rpoi	named corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered agent.
SIGNATURE					
2.	Signature, typed or printed name of registered agent and title if a		E Registered Ag	gent s	nit signature required when reinstating) DATE
z. ILE	OFFICERS AND DIRECT	TORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
	-	DELETE	1.1 TITLE	Ε	☐ Change ☐ Ad
AME	CARPENTER, JANA Q		1.2 NAME	E	
TREET ADDRESS	612 HARBOR ISLAND		1.3 STRE	ET AI	T AD DESS
TY - ST - ZIP	CLEARWATER FL 34630		14 CITY	-ST-	ST-21F
TLE	D THE PARTY AND	DELETE	21 TITLE	E	☐ Change ☐ Ad
ME	AVERY, JAN		2.2 NAME	E	
REET ADDRESS	1845 JESSICA RD.		23 STREE	ET AL	T ADDRESS
TY-ST-ZIP	CLEARWATER FL 34625		2 4 CHY	· ST-	ST-7/F
TLE	D	DELETE	3 1 TITLE	:	☐ Change ☐ Ad
ME	WARD, TERESA COOPER		3 2 NAME	E	
REET ADDRESS	5322 DUHME RD		3 3 STREE	ET AC	ADDRESS
TY-SY-ZIP	ST PETERSBURG FL		3.4. CITY		
rle j		DELETE	4 1 TITLE		
ME			4. 2 NAME	£	Change ☐ Add
REET ADDRESS			4.3 STREE	ET AD	ADC RESS
Y-ST-ZIP			44 CHY-		
LE		DELETE	5.1 TITLE		
ME			5 2 NAME		Change Add
REET ADDRESS			5.3 STREE	TAD	ADDR/SS
Y-ST-ZIP			5.4 CITY-5		
.E		DELETE	61 TITLE	J. 2	
VIE			6 2 NAME		☐ Change ☐ Add
REET ADDRESS			6 3 STREET		2236004
Y-ST-ZIP					
. I do hereby	certify that the information supplied with this fill	ng is voluntarily furnish			
Oaut, maci	am an officer or director of the corporation or the Block 12 or Block 13 in charged or the property of the corporation or the block 12 or Block 13 in charged or the parameters.			ue a to e	s nct qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth e and accurate and that my signature shall have the same legal effect as if made un o execute this report as required by Chapter 617, Florida Statutes; and that my nam

OF SIGNING OFFICER OF DIRECTOR