FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham -

Secretary of State

DIVISION OF CORPORATIONS

N95000001274 (8) DOCUMENT #

OSPREY HEALTH CARE, INC.

FILED Feb 19 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			E JOONION DER TOERT BEIN BONN OONN OON BONE HERT ILEN CHAN LOOK OVER 1001				
24 CATHEDRAL SUITE #302 ST AUGUSTINE		24 CATHEDRAL PLACE SUITE #302 ST AUGUSTINE FL 32084				3. Date Incorporated or Qualified 03/16/1995	
US		U\$				4. FEI Number Applied For	
9 Principal P	lace of Business	2a. Mailing Address				59-3308190 Not Applicable	
21		26. Mailing Address				Certificate of Status Desired Sa.75 Additional Fee Required	
Suite, Apt.	#. etc.	Sulte, Apt. #, etc.				Election Campaign Financing \$5.00 May Be	
92		City & State				Trust Fund Contribution Added to Fees	
23	· · · · · · · · · · · · · · · · · · ·					7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Z ip	Cou	untry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	·		Personal Property Tax due June 30. Yes No	
-	9. Name and Address of Current	Registered Agent	L			10. Name and Address of New Registered Agent	
				81	Name		
steele,	, Gregory R			82	Street	Address (P.O. Box Number is Not Acceptable)	
	1EDRAL PL			Ц			
STE 302				83			
ST AUG	USTINE FL 32084			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			d Ager	nt signature	required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ITI E	7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SCHIMMEL, DAVID		1.1 I		V	SCHIMMEL, DAVID	
NAME Street Address	6075 GOLDEN GATE PARKWA	Y	1		ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 33999-7498	•	1	TY-ST		NAPLES, FL. 33999- 7498	
TITLE	CD	DELETE	2.1 Ti	_	D	PAST CHAIRAAN L'Change Addition	
NAME	RIGGS, R. THOMAS		2.2 N		•	Divis is THOUSE	
STREET ADDRESS	1437 SOUTH BELCHER ROAD	· #200			ADDRESS	INAT & BELCHER KARY TO	
CITY-ST-ZIP	CLEARWATER FL 34624			CITY-S		CLEARWATER, FL. 54624	
TITLE	SD	☐ DELETE	3.1 T		0	SBCKETAN Change Addition	
NAME	LEWIS BROWN, MARSHA		3.2 N	AME	•	LEWIS BEOWN, MARSHA	
STREET ADDRESS	12512 NORTH BRUCE B DOW	NS BOULEVARD	3.3 \$	TREET	ADDRESS	125/2 N. BRILLE B. DONALS BLUE.	
CITY-ST-ZIP	TAMPA FL 33612-3807		3.4, 0	CITY-S	T-ZIP	THINPA, FL. 33612-3807	
TITLE		DELETE	4.1 Ti	ITLE	0	CE CHAIRMAN Change Addition	
NAME			4.21	NAME	-	WAYNE DECEMORS	
STREET ADDRESS			4.3 S	TREET	address	1220 WILLIS AVENUE	
CITY-ST-ZIP			4.4 C	ITY-ST	-ZIP	DAYTONA BEACH, FL. 32114-2897	
TITLE		☐ DELETE	5.1 Ti	ITLE		☐ Change ☐ Addition	
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET	address		
CITY-ST-ZIP			_	ITY-ST	-ZIP		
TITLE		☐ DELETE	6.1 T			Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			6.4 C	ITY-ST	-ZIP		

14. I 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.