


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N95000003987
 1. Corporation Name
CHOICES FOR COMMUNITY HEALTH, INC.

| | |
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| Principal Place of Business PO Box 1048 Clearwater, FL 33755 | Mailing Address PO Box 1048 Clearwater, FL 33755 |
|--|--|

| | | |
|---|-----------------------------|--|
| 3. Date Incorporated or Qualified 10/18/95 | 4. FEI Number 59-3386955 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------------|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
 Rugg, Elizabeth M
 9721 Executive Center Dr.
 Suite 114
 St. Petersburg, FL 33702

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | Heilman, John Dr. | |
| STREET ADDRESS | 863 3rd Ave. North | |
| CITY-ST-ZIP | St. Petersburg, FL 33701 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | Tillerson, Agnes | |
| STREET ADDRESS | 863 3rd Ave. North | |
| CITY-ST-ZIP | St. Petersburg, FL 33701 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | Bethell, Evelyn | |
| STREET ADDRESS | 863 3rd Ave. North | |
| CITY-ST-ZIP | St. Petersburg, FL 33701 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | Betsey McFarland | |
| STREET ADDRESS | 2025 Indian Rocks Rd. | |
| CITY-ST-ZIP | Largo, FL 33774 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE: JOHN D. HEILMAN, MD. *John D. Heilman* 5/11/98 (813) 824 6931
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)