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HEALTH COUNCIL

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 024 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1998 1999



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

DOCUMENT # N9500000 3987⁰⁰

1. Corporation Name

CHOICES FOR COMMUNITY HEALTH, INC.

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
 Not Applicable

2. Principal Place of Business

21 9800 4th Street North

22. Mailing Address

26 9800 4th Street North

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be
 Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

22 Suite 206

Suite, Apt. #, etc.

27 Suite 206

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

Zip

24 33702

Country

25 U.S.

Zip

29 33702

Country

30 U.S.

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)
 9800 4th Street North

83 Suite 206

84 City

St. Petersburg

FL

85 Zip Code
 33702

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME DP
 Heilman, John Dr.
 STREET ADDRESS 863 3rd Ave. North
 CITY-ST-ZIP St. Petersburg, FL 33701

1.2 TITLE ☐ DELETE

NAME DV
 Tillerson, Agnes
 STREET ADDRESS 863 3rd Ave. North
 CITY-ST-ZIP St. Petersburg, FL 33701

1.3 TITLE ☒ DELETE

NAME DS
 Bethell, Evelyn
 STREET ADDRESS 863 3rd Ave. North
 CITY-ST-ZIP St. Petersburg, FL 33701

1.4 TITLE ☒ DELETE

NAME DT
 Betsey McFarland
 STREET ADDRESS 2025 Indian Rocks Rd.
 CITY-ST-ZIP Largo, FL 33774

1.5 TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME DP
 Murphy, Frank
 STREET ADDRESS 17757 U.S. 19 North, Suite 100
 CITY-ST-ZIP Clearwater, FL 33764

1.2 TITLE ☒ Change ☐ Addition

NAME DV
 Parks, Sallie
 STREET ADDRESS 315 Court Street
 CITY-ST-ZIP Clearwater, FL 34616

1.3 TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.4 TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.6 TITLE ☐ Change ☒ Addition

NAME D
 Peters, Charles 803-2
 STREET ADDRESS 13350 U.S. Highway 19 North
 CITY-ST-ZIP Clearwater, FL 33764

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:

Frank Murphy

4/1/99 (727) 734-6194

CR2E037 (10/97)