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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000004087 (1)

1. Corporation Name

HEALTH SYSTEMS, INC.



Principal Place of Business

Mailing Address

5111 66TH STREET NORTH
SUITE 102
ST PETERSBURG FL 33709

P.O. BOX 61414
ST PETERSBURG FL 33784-1414

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3338460

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAFONTE, RICHARD J
1000 BELCHER ROAD SOUTH, SUITE 2
LARGO FL 34641

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 P ☐ DELETE
NAME WHITE, MARIE
STREET ADDRESS 5057 PARK STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33709

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Marie White
1.3 STREET ADDRESS 5111-66th ST. N. #102
1.4 CITY-ST-ZIP ST. Petersburg, FL 33709

TITLE D ☐ DELETE
NAME KERFOOT, JOSEPH
STREET ADDRESS 426 EAST DAVIS BOULEVARD
CITY-ST-ZIP TAMPA FL 33602

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ANGELO, SHIRLEY RN
STREET ADDRESS 8601 H STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33702

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COX, SANDY
STREET ADDRESS 5472 27TH STREET APT 73
CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Dann La Valley, D. Trus
STREET ADDRESS 610 Manatee Dr. Fiscal Officer
CITY-ST-ZIP Ruskin, FL Accountant
Treasurer

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Dann La Valley, D. Trus
5.3 STREET ADDRESS 610 Manatee Dr. Fiscal Officer
5.4 CITY-ST-ZIP Ruskin FL Accountant
Treasurer

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec. Director 1/9/97 813-545-8334

Date

Daytime Phone # 0062235

CR2E037 (9/96)