03061999-90121-017-$61.25-$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90121 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

547476 - 90023 - 44

DOCUMENT # N96000001342

1. Corporation Name
FLORIDIANS FOR HEALTH CARE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 31441 PALM BEACH GARDENS FL 33420-1441	POST OFFICE BOX 31441 PALM BEACH GARDENS FL 33420-1441

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/06/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0662866 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

IRWIN, JOSEPH
1114 ELEVENTH AVE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President IRWIN, JOSEPH 1114 ELEVENTH AVE PALM BCH GDNS FL 33418	☐ DELETE D	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MARIE KNAPP 2920 LAKE OSBORNE Lake Worth, FL 33461 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Vice President RAY, MARILYN 574003 ARBOR CLUB WAY BOCA RATON FL 33433	☐ DELETE D	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NORMAN MOROWITZ 3593 BIRDIE DR. LAKE WORTH, FL 33467 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEFF, BEVERLY 8487 GARDEN OAK CIR PALM BEACH GARDENS FL 33410	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	BOBBIE TAFFEL 353 CAVALIER DR. PALM SPRINGS, FL 33461 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLVIN COBIN, JOHN G 1190 SW 19TH ST BOCA RATON FL 33468	☐ DELETE Secy D	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORDLINGER, MILDRED 3520 S OCEAN BLVD PALM BCH FL 33480	☐ DELETE Treasurer D	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT CROWE 229 Walton Heath Dr. Atlantis, FL 33462	☐ DELETE V.P. D	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/24/99 561-547-9967
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #
MILDRED NORDLINGER