


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90014 037 \*\*\*\*70.00

<b>DOCUMENT # N97000003132</b> 1. Entity Name <b>FAMILY HEALTH CARE CENTERS OF MANATEE, INC.</b>					
Principal Place of Business <b>442 OLD MAIN ST. BRADENTON, FL 34205</b>			Mailing Address <b>12294 US HIGHWAY 301 NORTH P O BOX 469 PARRISH, FL 34219 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12294 US Hwy 301 N</b>		3. Mailing Address <b>P O Box 469</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Parrish FL</b>		City & State <b>Parrish FL</b>		4. FEI Number <b>65-0852321</b>	
Zip <b>34219</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBINSON, LAYON F II 442 OLD MAIN ST. BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, JOHN B</b> <b>P O BOX 9264</b> <b>BRADENTON, FL 34206</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESHA, WALTER</b> <b>P O BOX 499</b> <b>PARRISH, FL 34219</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKAY, JOHN</b> <b>1001 3RD AVENUE WEST, STE 600</b> <b>BRADENTON, FL 34205</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEFF, JERRY</b> <b>4702 CORTEZ ROAD WEST</b> <b>BRADENTON, FL 34210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLEIN, MEL</b> <b>416 MANATEE AVENUE WEST</b> <b>BRADENTON, FL 34205</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50001746



01162008 Chg-NP CR2E037 (12/06)

**Manatee County Rural Health Services, Inc.**POST OFFICE BOX 499  
PARRISH, FL 34219  
(941) 776-4000 • FAX (941) 776-4014M&I MARSHALL & ILSLEY BANK  
BRADENTON, FL

63-1372/631

VOID AFTER 90 DAYS

**21138****ATTACHMENT**

CHECK NO. 21138

**PAY**

Seventy Dollars And 00 Cents

*50001746*  
*N97000003132*

DATE

3/18/2008

AMOUNT

\$70.00

**TO THE  
ORDER  
OF**Florida Department of State  
Division of Corporations/Registration Section  
PO Box 6327  
Tallahassee FL 32314*Dy Camasera*

⑈021138⑈

⑈063113727⑈

⑈1019003⑈

⑈ SECURITY FEATURES INCLUDED. DETAILS ON BACK. ⑈

- PLEASE DETACH AND RETAIN THIS STUB FOR YOUR RECORDS -

**Manatee County Rural Health Services, Inc. PARRISH, FL 34219****21138**

Vendor ID	Name	Check Date	Account Number	CHECK NO.	
FLDEST	Florida Department of State	3/18/2008		21138	
Document Number	Description	Date	Amount	Amount Paid	Net Amount Paid
MAR 08 FAM HEAL	Annual Filing, Certification	3/11/2008	\$70.00	\$70.00	\$70.00

\$70.00

\$70.00

\$70.00

*Copy for Div. of Corp.*