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Jul 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005447 (4)

1. Corporation Name

TEAM CARE, INC. OF MARK III

Principal Place of Business

5401 N.W. 44TH AVENUE
OCALA FL 34482

Mailing Address

POST OFFICE BOX 2525
OCALA FL 34478

3. Date Incorporated or Qualified

09/19/1997

4. FFI Number

59-3470318

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DITZLER, WALLY
5401 N.W. 44TH AVENUE
OCALA FL 34482

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CHAIRMAN ☐ DELETE

NAME LARRY LINCOLN

STREET ADDRESS 8278 N.W. 162 CT.

CITY-ST-ZIP MORRISTON, FL 32668

TITLE VICE CHAIRMAN ☐ DELETE

NAME KENNETH LEFKO

STREET ADDRESS 9230 N.W. 125 AVE.

CITY-ST-ZIP OCALA, FL 34482

TITLE SECRETARY/CONTROLLER ☐ DELETE

NAME ELTON SMITH

STREET ADDRESS 1036 N.E. 25 ST.

CITY-ST-ZIP OCALA, FL 34470

TITLE DIRECTOR ☐ DELETE

NAME SANDRA WALKER

STREET ADDRESS 6349 N.W. 61 LANE

CITY-ST-ZIP OCALA, FL 34482

TITLE DIRECTOR ☐ DELETE

NAME OSBORNE MOBLEY

STREET ADDRESS 14250 HWY. 454B

CITY-ST-ZIP MORRISTON, FL 32669

TITLE DIRECTOR ☐ DELETE

NAME SHEILA AUSTIN

STREET ADDRESS 1615 N.E. 67 TERR.

CITY-ST-ZIP OCALA, FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

WALLY DITZLER

620 E. LASALLE ST.

HERNANADO, FL 34442

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE REQUIRED

Wally Ditzler 4-10-98 352-732-5878