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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006680

1. Corporation Name

**CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATI
 ON, INC.**

Principal Place of Business

600 EAST DIXIE AVENUE
 LEESBURG FL 34748

Mailing Address

600 EAST DIXIE AVENUE
 LEESBURG FL 34748



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/26/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3479171
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBUCK, H.D. JR
610 EAST MAIN STREET
LEESBURG FL 34748

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGG, JAMES R	1.2 NAME	Kevin A. Sentner
STREET ADDRESS	2932 S PORTOBELLO AVENUE	1.3 STREET ADDRESS	33014 Karl Street
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGES, CLIFTON L	2.2 NAME	Jo Anne B. Sherman
STREET ADDRESS	6525 SUNNYSIDE DRIVE	2.3 STREET ADDRESS	425 S. Whitney Road
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALLEY, WILLIAM J	3.2 NAME	Timothy I. Sullivan
STREET ADDRESS	2206 TALLEY COURT ROAD	3.3 STREET ADDRESS	1009 N. 14th Street
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENT, KAREN	4.2 NAME	Barbara J. Wright
STREET ADDRESS	811 BERRYHILL CIRCLE	4.3 STREET ADDRESS	2 Palm Drive
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Yalaha, FL 34797
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLIEK, R RICHARD	5.2 NAME	John Bozard
STREET ADDRESS	01403 SPRING LAKE ROAD	5.3 STREET ADDRESS	11414 Kuhl Avenue
CITY-ST-ZIP	FRUITLAND PARK FL 34731	5.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERSOX, WILLIAM P	6.2 NAME	Wendell Colson
STREET ADDRESS	505 W GIBSON STREET	6.3 STREET ADDRESS	11200 Lane Park Road
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	Tavares, FL 32778

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 352-323-5025
 Date Daytime Phone #

CR2E037 (11/98)

N97000006680

444734-9027-47

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATION, INC.

1999 BOARD OF DIRECTORS:

ADDITIONAL DIRECTORS

D HELEN ELLECK 176 MILLWOOD ROAD LEESBURG, FL 34748	D JAMES M. HARDY, M.D. 601 E. DIXIE AVE., PLAZA 901 LEESBURG, FL 34748	D WILLIAM H. ROSE 103 ORCHID WAY HOWEY, FL 34737
D BETTIE L. FAUST 1620 LOVES POINT ROAD LEESBURG, FL 34748	D WENDELL F. HUSEBO 9481 SILVER LAKE DR. LEESBURG, FL 34788	D KAY A. SCHLEIN 710 YORKTOWN WAY LEESBURG, FL 34748
D GEORGE H. RAST 821 LAKE PORT BLVD., A-404 LEESBURG, FL 34748	D STEVE KURTZ 34035 PARK LANE ROAD LEESBURG, FL 34748	D IRIS H. ROBUCK 9341 SILVER LAKE DR. LEESBURG, FL 34788
D MIDGE M. RAST 821 LAKE PORT BLVD., A-404 LEESBURG, FL 34748	D JOHN McLEOD 32124 KINNE PEARCE ROAD LEESBURG, FL 34788	
D TED F. OSTRANDER, JR. 1317 W. CITIZENS BLVD. LEESBURG, FLORIDA 34748	D ROBERT T. MEADE, M.D. 801 E. DIXIE AVE., STE A-107 LEESBURG, FL 34748	