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FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000010115 (2)

1. Corporation Name

MANAGED 24-HOUR HEALTH CARE OF AMERICA, INC.



Principal Place of Business

Mailing Address

1135 PASADENA AVE S
#305
ST PETE FL 33707
US

1135 PASADENA AVE S.
#305
ST PETERSBURG FL 33707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

4. FEI Number

59-3154101

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 7011 Central Ave.

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33710

Country

2a. Mailing Address

26 7011 Central Ave.

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33710

Country

30

9. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVE WEST
BRADENTON FL 34205

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

C
NAME WALKER, DARLA J
STREET ADDRESS 915 133RD ST EAST
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

P
NAME LIVINGSTON, TERESA D
STREET ADDRESS 710 115TH AVE.
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

T
NAME SOUTH, WENDY S
STREET ADDRESS 2861 BROWN ROAD
CITY-ST-ZIP MARTIN GA

TITLE ☐ DELETE

D
NAME ZICKAFOOSE, STEVEN C
STREET ADDRESS 6815 13 AVE EAST
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

S
NAME HANLEY, KIMBERLY C
STREET ADDRESS 615 SW 226TH STREET
CITY-ST-ZIP NEWBERRY FL

TITLE ☐ DELETE

D
NAME COLLINS, MARK
STREET ADDRESS 7011 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33710

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

+ zip code
34202

1.2 NAME ☐ Change ☐ Addition

+ zip code
33706

1.3 STREET ADDRESS ☐ Change ☐ Addition

+ zip code
30557

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

+ zip code
34208

2.1 TITLE ☐ Change ☐ Addition

+ zip code
32669

2.2 NAME ☐ Change ☐ Addition

+ zip code
33707

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

(012) 345 2292

CF2E034 (10/97)