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Mar 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000010115

1. Corporation Name

MANAGED 24-HOUR HEALTH CARE OF AMERICA, INC.

Principal Place of Business

**7011 CENTRAL AVE
ST PETE FL 33710
US**

Mailing Address

**7011 CENTRAL AVE
ST PETERSBURG FL 33710
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 **C** ☐ DELETE
NAME **WALKER, DARLA J**
STREET ADDRESS **915 133RD ST EAST**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **P** ☐ DELETE
NAME **LIVINGSTON, TERESA D**
STREET ADDRESS **710 115TH AVE.**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **T** ☐ DELETE
NAME **SOUTH, WENDY S**
STREET ADDRESS **2661 BROWN ROAD**
CITY-ST-ZIP **MARTIN GA 30557**

TITLE **D** ☐ DELETE
NAME **ZICKAFOOSE, STEVEN C**
STREET ADDRESS **6815 13 AVE EAST**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **S** ☐ DELETE
NAME **HANLEY, KIMBERLY C**
STREET ADDRESS **615 SW 226TH STREET**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☐ DELETE
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)