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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P93000048486 (3)**

1. Corporation Name
MANAGED 24-HOUR HEALTH CARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1135 PASADENA AVE., SO. 305 ST. PETERSBURG FL 33707 US	1135 PASADENA AVE., SO 305 ST. PETERSBURG FL 33707-2856 US

3. Date Incorporated or Qualified: **07/12/1993**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip / Country
29: 30:

4. FEI Number: **59-3196827** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVE W
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, DARLA		1.2 NAME		
STREET ADDRESS	915 133RD STREET EAST		1.3 STREET ADDRESS	Add	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Zip - 34202	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIVINGSTON, TERESA		2.2 NAME		
STREET ADDRESS	710 115TH AVE		2.3 STREET ADDRESS	Add	
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP	Zip - 33706	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOUTH, WENDY		3.2 NAME		
STREET ADDRESS	2661 BROWN RD		3.3 STREET ADDRESS	Add	
CITY-ST-ZIP	MARTIN GA		3.4 CITY-ST-ZIP	Zip - 30557	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HANLEY, KIM		4.2 NAME		
STREET ADDRESS	615 SW 226TH STREET		4.3 STREET ADDRESS	Add	
CITY-ST-ZIP	NEWBERRY FL		4.4 CITY-ST-ZIP	Zip - 32669	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	ZICKAFOOSE, STEVEN		5.2 NAME		
STREET ADDRESS	6815 13TH AVE EAST		5.3 STREET ADDRESS	Add	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	Zip - 34208	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	COLLINS, MARK		6.2 NAME		
STREET ADDRESS	PO BOX 252		6.3 STREET ADDRESS	Add	
CITY-ST-ZIP	PICKENS SC		6.4 CITY-ST-ZIP	Zip - 29671	

CR2E034 (9/96)

14. I do 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: _____ Teresa Livingston _____ (813)345-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375247