

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 FEB 29 AM 9:49

DOCUMENT # **P93000072593 (5)**

1. Corporation Name

A+ HEALTHCARE SPECIALISTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

255 S.E. HWY. 19
SUNCOAST PLAZA #17
CRYSTAL RIVER FL 34429

255 S.E. HWY. 19
SUNCOAST PLAZA #17
CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified
10/13/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3212242

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

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CITRUS

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CITRUS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

N/A

82

Street Address (F.O. Box Number is Not Acceptable)

700001729877

83

City

03/04/96-01003-007

84

City

******208.75 ****208.75**

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 installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	ELSWICK, DIANA E	
STREET ADDRESS	8727 N. MAPLE AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ELSWICK, RODNEY L	
STREET ADDRESS	8727 N. MAPLE AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELSWICK, DIANA E.	
1.3 STREET ADDRESS	8727 N. MAPLE AVE.	
1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELSWICK, RODNEY L	
2.3 STREET ADDRESS	8727 N. MAPLE AVE	
2.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BAYS, MICHAEL D	
3.3 STREET ADDRESS	2181 N PILOT PT	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
4.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TILLMAN, MARY ALICE	
4.3 STREET ADDRESS	5229 W GALA LN	
4.4 CITY-ST-ZIP	DUNNELLON FL 34429	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Diana E Elswick* **DIANA E. ELSWICK**

2-17-96

(352) 564-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)