

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 17 1997 8:00am  
Secretary of State

DOCUMENT # P93000072593 (5)

1. Corporation Name

A+ HEALTHCARE SPECIALISTS, INC.



Principal Place of Business

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

Mailing Address

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

02/29/1996

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

59-3212242

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

9. Name and Address of Current Registered Agent

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ELSWICK, DIANA E  
8727 N. MAPLE AVENUE  
CRYSTAL RIVER FL 34428

TITLE ~~TS~~ ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ELSWICK, RODNEY L  
8727 N. MAPLE AVENUE  
CRYSTAL RIVER FL 34428

TITLE V ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BAYS, MICHAEL D  
2181 N. PILOT PT.  
CRYSTAL RIVER FL 34429

TITLE TS ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TILLMAN, MARY ALICE  
5229 W. GALA LANE  
DUNNELLON FL 34429

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Diana E. Elswick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana E. Elswick

4/14/97 (352)564-2700

Date

Daytime Phone #

0628848

CR2E034 (9/96)