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FILED
Apr 23 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 # P94000001578 (1)

1. Corporation Name
CAREFIRST OF TAVARES, INC.

Principal Place of Business
15060 NORTH HIGHWAY 441
EUSTIS FL 32726
US

Mailing Address
15060 NORTH HIGHWAY 441
EUSTIS FL 32726
US



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

3. Date Incorporated or Qualified
12/29/1993

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3218293

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

CREWS, STEVEN A
28 CYPRESS DRIVE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

Steven A. Crews

82 Street Address (P.O. Box Number is Not Acceptable)

25220 Derby Drive

83

84 City

Sorrento

FL

85 Zip Code

32776

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 of officer or director or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CREWS, STEVEN A
STREET ADDRESS 28 CYPRESS DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ DELETE

NAME HUSTY, TODD M
STREET ADDRESS 5690 SOUTH LAKE BURKETT LANE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ DELETE

NAME WEAVER, WILLIAM H
STREET ADDRESS 24 CYPRESS DRIVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ DELETE

NAME HUSTY, VC
STREET ADDRESS 1700 LITTLETON CT.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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 D ☒ Change ☐ Addition

1.2 NAME Crews, Steven A.
1.3 STREET ADDRESS 25220 Derby Drive
1.4 CITY-ST-ZIP Sorrento, FL 32776

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)