

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 AUG 15 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000001586 (4)**

1. Corporation Name

**CAREFIRST OF FRUITLAND PARK, INC.**

Mailing Address **3235 US  
511 U.S. HIGHWAY 27 & 441  
SUITE 102  
FRUITLAND PARK FL**

Principal Place of Business  
**511 U.S. HIGHWAY 27 & 441  
SUITE 102  
FRUITLAND PARK FL**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**12/29/1993**

3a. Date of Last Report

2. Mailing Address

**21 3235 US Hwy 441/27**

2a. Principal Place of Business

**26 3235 US Hwy 441/27**

4. FEI Number

**593218295**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22 Suite C**

Suite, Apt. #, etc.

**27 Suite C**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. For Use Campaign

Forcing Trust

Forced Contribution

**\$5.00 May Be**

**Added to Fees**

City & State

**23 Fruitland Park**

City & State

**28 Fruitland Park**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐ Yes ☐ No

8. This corporation has liability for intangible tax under 5-199.032

Florida Statutes

☐ Yes ☐ No

Zip

**24 34731**

Country

**25 Lake**

Zip

**29 34731**

Country

**30 Lake**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRES STEVEN A  
26 CYPRESS DRIVE  
EUSTIS FL 32726**

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 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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 certify my appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE

*[Signature]*

By the Registered Agent (signature required when reappointing)

**7-12-94**

12. OFFICERS AND DIRECTORS

|                    |                                     |
|--------------------|-------------------------------------|
| 1.1 TITLE          | <b>D</b>                            |
| 1.2 NAME           | <b>CREWS STEVEN A</b>               |
| 1.3 STREET ADDRESS | <b>26 CYPRESS DRIVE</b>             |
| 1.4 CITY, ST, ZIP  | <b>EUSTIS F, 32726</b>              |
| 2.1 TITLE          | <b>D</b>                            |
| 2.2 NAME           | <b>HUSTY TODD M</b>                 |
| 2.3 STREET ADDRESS | <b>5690 SOUTH LAKE BURKETT LANE</b> |
| 2.4 CITY, ST, ZIP  | <b>WINTER PARK FL 32792</b>         |
| 3.1 TITLE          | <b>D</b>                            |
| 3.2 NAME           | <b>WEAVER WILLIAM H</b>             |
| 3.3 STREET ADDRESS | <b>24 CYPRESS DRIVE</b>             |
| 3.4 CITY, ST, ZIP  | <b>EUSTIS FL 32726</b>              |
| 4.1 TITLE          |                                     |
| 4.2 NAME           |                                     |
| 4.3 STREET ADDRESS |                                     |
| 4.4 CITY, ST, ZIP  |                                     |
| 5.1 TITLE          |                                     |
| 5.2 NAME           |                                     |
| 5.3 STREET ADDRESS |                                     |
| 5.4 CITY, ST, ZIP  |                                     |
| 6.1 TITLE          |                                     |
| 6.2 NAME           |                                     |
| 6.3 STREET ADDRESS |                                     |
| 6.4 CITY, ST, ZIP  |                                     |

13. CHANGES TO OFFICERS AND DIRECTORS SINCE 12/29/93

|                    |  |
|--------------------|--|
| 1.1 TITLE          |  |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY, ST, ZIP  |  |
| 2.1 TITLE          |  |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY, ST, ZIP  |  |
| 3.1 TITLE          |  |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY, ST, ZIP  |  |
| 4.1 TITLE          |  |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY, ST, ZIP  |  |
| 5.1 TITLE          |  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY, ST, ZIP  |  |
| 6.1 TITLE          |  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY, ST, ZIP  |  |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and is true and equally for the incorporation states that it is true and correct. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes, and that my name or office or director of the corporation or the officer or director who submitted this report is required by Chapter 440, Part I, Florida Statutes, and that my name or office or director of the corporation or the officer or director who submitted this report is required by Chapter 440, Part I, Florida Statutes, and that my name or office or director of the corporation or the officer or director who submitted this report is required by Chapter 440, Part I, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

**7/10/94 904 742 22.35**

END ROLL

# 32695

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