

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000047464 (0)

1. Corporation Name

THE GILMORE NEW LIFE CLINIC OF PINELLAS COUNTY,  
INC.

Principal Place of Business

SEMINOLE HOSPITAL  
9675 SEMINOLE BLVD  
SEMINOLE FL 34642  
US

Mailing Address

SEMINOLE HOSPITAL  
9675 SEMINOLE BLVD  
SEMINOLE FL 34642  
US



3. Date Incorporated or Qualified  
06/24/1994

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

2. Principal Place of Business

2a. Mailing Address

21 10200 - SEMINOLE BLVD

26 5500 - 38 Ave. N.

4. FEI Number  
59-3253698

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 SEMINOLE, FL.

28 ST. PETERSBURG, FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 34648

25 U.S.

29 33710

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURTON, DARLENE  
SEMINOLE HOSPITAL  
9675 SEMINOLE BLVD  
SEMINOLE FL 34642

81 Name

BURTON, DARLENE

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

83

5500 - 38 Ave. N.

84 City

ST. PETERSBURG

FL

85 Zip Code

33710

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 DARLENE BURTON D  
Signature, typed or printed name of registered agent and title if applicable

Darlene Burton  
(NOTE: Registered Agent Signature required when reinstating)

4-22-96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BURTON, DARLENE  
CITY-ST-ZIP 5500 - 38 AVE N.  
ST. PETERSBURG FL 33710

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BURTON, WILLIAM C  
CITY-ST-ZIP 5500 - 38 AVE N.  
ST. PETERSBURG FL 33710

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GILMORE, DAVID S  
CITY-ST-ZIP 3660 BROADWAY  
FORT MYERS FL 33901

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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: Darlene Burton DARLENE BURTON

4-23-96  
Date

813-559-7867  
Daytime Phone #

CR2E034 (12/95)