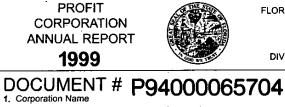
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

STATEWIDE HEALTH AGENCY INC.



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

05-04-1999 90130 024 ***150.00

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|--|--|----------------------|---------------------|-------------------------|-------------------------|--|----------------------------|-------------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | L (ME)(BEC)(U (U)) DIGH WELL U | | #1101 #1111 IBBN 9 | 18(II) B16) (88) |
| 11-42ND ST N. 11-42ND STREET NORTH | | | | | | · | | | |
| SUITE 202 SUITE 202 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 08/31/1994 | | | |
| 2. Principal Pi | lace of Business | 2a. Mai | ling Address | | | 4. FEI Number | | Api | plied For |
| 21 | | 26 | | | | 59-3266061 | | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | e, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 A | |
| 22 | 1 pro- 10 | 27 | | <u>-</u> | ٠. | 3. Odianoto di onoto 211111 | | Fee Re | <u>·</u> |
| City & State | 0 | — ´ | & State | | | 6. Election Campaign Financing | | \$5.00 | , , |
| 28 Zip Country Zip | | | Country | | Trust Fund Contribution | not was lat | Added to | o rees | |
| | - · | | | ¬ • | | This corporation owes the current Personal Property Tax. | ent year and | | ZNo |
| 24 | 9. Name and Address of Curre | 29 ent Registered | 30 1 Agent | 1 | | 10. Name and Address of New | Registered | | |
| 5. Hallie alla Addioss of Galletti Hogisterea Again | | | | | Name | | | | |
| SMITH, WINTON H JR | | | | 82 | Ctroot Add | ess (P.O. Box Number is Not Acceptable) | | | |
| 11-42ND STREET NORTH | | | | 62 | Sileet Add | ess (P.O. Box Number is Not Acceptable) | | | |
| SUITE 202 | | | 83 | | | | | | |
| ST. PETERSBURG FL 33713 | | | 84 | City | | | 85 Zip C | Code | |
| | | | | | - | | <u>FL</u> | - | |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida Si | uch change was auth | orized by | the corporati | poration submits this statement for the on's board of directors. I hereby acce | purpose of pt the appoi | changing its ntment as req | registered gistered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ag | | | | nt signature require | ed when reinstating) | DATE | ID DIDECTO | DO 11 40 |
| 12. | OFFICERS A | ND DIRECTO | DELETE | 13. | - | ADDITIONS/CHANGES TO OF | FICERS AN | Change | Addition |
| TITLE | SMITH, WINTON H JR | | OLLETE | | | | | | |
| NAME | 5238 26TH AVE N | | | 1.2 NAME | TADDRESS | | | | |
| STREET ADORESS | ST PETERSBURG FL | | | 1.4 CITY-S | į į | | | | j |
| CITY-ST-ZIP TITLE | OT TETERODORIO TE | | ☐ DELETE | 2,1 TITLE | 11-21 | | | ☐ Change | ☐ Addition |
| NAME | • | | - | 2.2 NAME | | • | | | |
| STREET ADDRESS | | | | 2.3 STREE | T ADDRESS | | | | İ |
| CITY- \$T-ZIP | | | | 2. 4 CITY-5 | ST-ZIP | | • | | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | Change | Addition |
| NAME | | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | TADDRESS | | | | ļ |
| CITY-ST-ZIP | | | | 3.4. CFTY-5 | ST-ZIP | , pro- | | | Addition |
| TITLE | , | | ☐ DELETÉ | 4.1 TITLE | } | | | ☐ Change | Addition |
| NAME | , | • | | 4. 2 NAME | ŀ | | | | 1 |
| STREET ADDRESS | | | | | TADORESS | | | | İ |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY-S 5.1 TITLE | T-ZIP | | | Change | ☐ Addition |
| TITLE | | | C. Decele | 5.1 MILE | | | | | |
| NAME STREET ADDRESS | | | | | TADORESS | | | | İ |
| CITY-ST-ZIP | • | | | 5.4 CITY-S | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME. | , | | | 6.2 NAME | 1 | | | | . |
| | 355 1 200 C 200 | | | 6.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | T-ZIP | | | | |

CITY-ST-ZIP 14. I 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 accupate 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 ampowered 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 attachangent with an address, with all other like empowered.

SIGNATURE:

IRED