

# 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 # P94000073211 (2)**

1. Corporation Name

**CREATIVE HEALTHCARE CONCEPTS OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**XXXXXX THOMPSON XXXX XXXX KKK  
XXXX GULF LIFE DRIVE SUITE 300  
JACKSONVILLE FL 32207 XXXXXXXX**

**XXXXXX THOMPSON XXXX XXXX KKK  
XXXX GULF LIFE DRIVE SUITE 300  
JACKSONVILLE FL 32207 XXXXXXXX**

2. Principal Place of Business

2a. Mailing Address

21 **3545 St. Johns Bluff Rd. S.**

26 **3545 St. Johns Bluff Rd. S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 4**

27 **Suite 4**

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip Country

Zip Country

24 **32224**

25

29 **32224**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, WILLIAM L JR  
1208 GULF LIFE DRIVE SUITE 300  
JACKSONVILLE FL 32207 XXXXXXXX**

81 Name

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

**One Independent Drive**

83 **Suite 3131**

84 City

**Jacksonville**

**FL**

85 Zip Code  
**32202**

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 reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE  
NAME **CARROLL, DAVID W**  
STREET ADDRESS **1207 SALT CREEK ISLAND DRIVE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE:

*David W. Carroll*  
David W. Carroll, President

4/12/96

(904) 645-3500

Date

Daytime Phone #

CR2E034 (12/95)