

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073659 (2)**

1. Corporation Name

FLORIDA FAMILY RURAL HEALTH CARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

Mailing Address
**401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report

2. Principal Place of Business
21 355 So. Ocean Dr.

2a. Mailing Address
26 355 So. Ocean Dr.

4. FEI Number
65-0547124

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Apt. #605

Suite, Apt. #, etc.
27 Apt. #605

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 Fort Pierce, FL

City & State
28 Fort Pierce, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 34949

Country
25 USA

Zip
29 34949

Country
30 USA

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

**FEE, FRANK H III
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

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, 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 fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
D
NAME
FEE, FRANK H III
STREET ADDRESS
401-A SOUTH INDIAN RIVER DRIVE
CITY - ST - ZIP
FORT PIERCE FL 34950

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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:

Ruth Karr, President
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
RUTH KARR - P

4/23/95 (407) 595-1318
DATE