


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000073659		
1. Entity Name FLORIDA FAMILY RURAL HEALTH CARE OF AVON PARK, INC.		
Principal Place of Business 2398 N. BEACH DRIVE AVON PARK, FL 33825 US		Mailing Address 2398 N. BEACH DRIVE AVON PARK, FL 33825 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KARR, MICHAEL 2398 BEACH DRIVE AVON PARK, FL 33825		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARR, RUTH A 2398 BEACH DR. AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSV KARR, MICHAEL 2398 BEACH DR AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # 863.453.2500



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0547124** Applied For
Not Applicable

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

000000150281
05/03/04-80220-003 150.00

**DO NOT WRITE
IN THIS SPACE**