

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 # **P95000050043 (5)**

1. Corporation Name

**MERIDIAN HEALTH SERVICES OF CLEARWATER CORPORATI
ON**



Principal Place of Business

Mailing Address

**2269 BEVERLY LANE
CLEARWATER FL 34624**

**2269 BEVERLY LANE
CLEARWATER FL 34624**

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number
59-3318906

Applied For
Not Applicable

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

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

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HATMAKER, MICHAEL R
2269 BEVERLY LANE
CLEARWATER FL 34624**

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

Michael Hatmaker CEO

(NOTE: Registered Agent signature required when reinstating)

4/23/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HATMAKER, MICHAEL R**
STREET ADDRESS **2269 BEVERLY LANE**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE **D** ☐ DELETE

NAME **KUTCH, JOHN C II**
STREET ADDRESS **1480 COUNTRY OAKS LANE**
CITY-ST-ZIP **CLEARWATER FL 34624**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Hatmaker CEO 4/23/96 813/524-1900

Date

Daytime Phone #

CR2E034 (12/95)