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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2269 BEVERLY LANE
CLEARWATER FL 34624

Mailing Address

2269 BEVERLY LANE
CLEARWATER FL 34624-6506

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 1501 South Belcher Rd.

2a. Mailing Address

26 1501 South Belcher Rd.

Suite, Apt. #, etc.

22 Suite 2B

Suite, Apt. #, etc.

27 Suite 2B

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip

24 33771

Country

25 Pinellas

Zip

29 33771

Country

30 Pinellas

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

9. Name and Address of Current Registered Agent

HATMAKER, MICHAEL R
2269 BEVERLY LANE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83 1863D Bough Ave.

84 City

Clearwater

FL

85 Zip Code

34620

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

3/6/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME HATMAKER, MICHAEL R
STREET ADDRESS 2269 BEVERLY LANE
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

TITLE D
NAME KUTCH, JOHN C II
STREET ADDRESS 1480 COUNTRY OAKS LANE
CITY-ST-ZIP CLEARWATER FL 34624 ☒ DELETE

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 President
1.2 NAME Michael R. Hatmaker
1.3 STREET ADDRESS 1863D Bough Ave.
1.4 CITY-ST-ZIP Clearwater, FL 34620 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97

Date

813/524-1900

Daytime Phone #

CR2E034 (9/96)