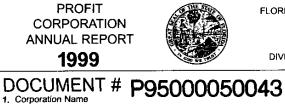
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ON



MERIDIAN HEALTH SERVICES OF CLEARWATER CORPORATI

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 028 ***150.00

|--|--|

Principal Place	of Business	Mailing Address			
1501 S. BELCHI	er RD.	1501 S. BELCHER RD.			
STE 2B		STE 2B			DO NOT WRITE IN THIS SPACE
LARGO FL 3377	71	LARGO FL 33771			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					06/26/1995
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3318906 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29 3	30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
	MAKER, MICHAEL R			B2 Street Add	tress (P.O. Box Number is Not Acceptable)
1863	d Bough avenue		l'	ou con , too.	
CLE/	ARWATER FL 34620			B3	
					los Zin Codo
				B4 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	s, the ab	ove-named corp	
office or n	egistered agent or both, in the state	of Florida. Such change was aut	horized	by the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar Way, and accept the obliga	tions of, Section 607.0505, Florid			Product 5/1/99
SIGNATURE	Signature, typed or printed parine of registered ager	nyand title if applicable. (NOTE: F		gent signature require	rest when reinstating) DATE
12.		D DIRECTORS	13.	guitt agriculturo roquite	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITL	E	☐ Change ☐ Additi
NAME	HATMAKER, MICHAEL R		1.2 NAN		
	1863D BOUGH AVENUE			EET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34620	☐ DELETE	2.1 TITL	/-ST-ZIP	☐ Change ☐ Addibi
TITLE		Detele		į.	
NAME			2.2 NAN	1	
STREET ADORESS			2.3 STR	EETADORESS	
CITY+ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	3.1 TITU		☐ Change ☐ Addition
NAME			3.2 NAN	AE	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4. CíT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITL	E	Change Additi
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP	_
TITLE		☐ DELETE	5.1 TITL		☐ Change ☐ Additi
NAME			5.2 NAA	AE	
STREET ADDRESS			5.3 STR	EET ADDRESS	•
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL		☐ Change ☐ Addition
		<u></u>	6.2 NAM		_ ` L
NAME				EET ADDRESS	
STREET ADDRESS			4		
CITY-ST-ZIP			6.4 CIT	r-st-zip	

14. 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 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 officer or director of the corporation Block 12 or Block 13 if changed, pr

SIGNATURE: