

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000072473 (8)**

1. Corporation Name

PROFESSIONAL HEALTH CAREERS, INC.

Principal Place of Business

**5051 CASTELLO DR., STE. 5
NAPLES FL 33940**

Mailing Address

**5051 CASTELLO DR., STE. 5
NAPLES FL 33940**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CRAWFORD, DIANE M
5051 CASTELLO DR., STE. 5
NAPLES FL 33940**

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

4. FEI Number

65-0594657

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

10. Name and Address of New Registered Agent

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 607.0602 and 607.1506, 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

Name and Address of the Registered Agent

Name and Address of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	CRAWFORD, DIANE M	
STREET ADDRESS	10046 BOCA CIR.	
CITY-STATE-ZIP	NAPLES FL 33942	
TITLE	V	☐ DELETE
NAME	CRAWFORD, SUZANNE R	
STREET ADDRESS	10046 BOCA CIR.	
CITY-STATE-ZIP	NAPLES FL 33942	
TITLE	Regional Vice-President	☐ DELETE
NAME	CINDY CRAWFORD	
STREET ADDRESS	15444 CLAYTON RD 325-11	
CITY-STATE-ZIP	ST LOUIS, MO 63011	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 contained on this 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 this corporation or the registered agent 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 of changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

941-263-6164

CR2E034 (12/95)