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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000073820 (9)

COUNTRY HEALTH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3300 PGA BLVD. #330 PAIM REACH GARDENS EL 22410	3300 PGA BLVD. 4

## FILED Apr 16 1998 8:00am Secretary of State



3300 PGA BLVD. #330 PALM BEACH GARDENS FL 33410  3300 PGA BLVD. #330 PALM BEACH GARDENS FL 33410		DO NOT WRITE IN THIS SPACE			
	_			3. Date Incorporated or Qualified 09/22/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0624349	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	r	Trust Fund Contribution	Added to Fees
Zip	Country	Zιp	Country	8. This corporation owes or has paid the co	
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RECHT POREDT 81 Name					
	CHT, ROBERT		1142/116		
3300 PGA BLVD. #330 PALM BEACH GARDENS FL 33410			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
, ra	EM BEACH GARDENS PE 33410	,	83		·
			84 City	Fi	85 Zip Code
11. Pursuant l office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	propriation submits this statement for the purpose ration's board of directors. I hereby accept the ap	
SIGNATURE				,	
	Signature, typed or printed name of registered ag-		f : Registered Agent signature rec		
12.	DEFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	•	☐ DELETÉ	1.1 TITLE		Change Addition
NAME	BECHT, ROBERT		1.2 NAME		
STREET ADDRESS	9711 OVERSEAS HWY MARATHON FL 33050		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T T	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Obsesse T Addutes
NAME	CLEVELAND, THERESA B.		2.1 INLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	2826 BAYONNE DRIVE				
CITY+ST-ZIP	PALM BEACH GARDENS FL		2.3 STREET ADDRESS		
TITLE	D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	BECHT, ROB J		3.2 NAME		C change C Addition
STREET ADDRESS	3300 PGA BLVD. #330		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4. Thereby 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 suppliemental 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.