

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000079009 (3)**

1. Corporation Name

SUNHEALTH FLORIDA HOLDINGS, INC.



Principal Place of Business

**1900 SUMMIT TOWER BLVD.
SUITE 1060
ORLANDO FL 32810**

Mailing Address

**1900 SUMMIT TOWER BLVD.
SUITE 1060
ORLANDO FL 32810**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

4. FEI Number

59-3349420

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

**ALLERTON, THOMAS
% SUNHEALTH CARE PLANS OF FLORIDA
1900 SUMMIT TOWER BLVD., SUITE 1060
ORLANDO FL 32810**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of person submitting this report (to be signed by the filer)

Signature of Registered Agent (signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LIND, RICHARD	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	COVERT, MICHAEL	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	MURPHY, FRANK	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	CRONE, WILLIAM	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	WERNER, THOMAS	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	ALLERTON, THOMAS	
STREET ADDRESS	% 1900 SUMMIT TOWER BLVD., SUITE 1060	
CITY-STATE-ZIP	ORLANDO FL 32810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Anastasio, Lance	
1.3 STREET ADDRESS	c/o 1900 Summit Tower Blvd. 1060	
1.4 CITY-STATE-ZIP	Orlando, FL 32810	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	Keeley, Brian	
2.3 STREET ADDRESS	c/o 1900 Summit Tower Blvd. 1060	
2.4 CITY-STATE-ZIP	Orlando, FL 32810	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	Biebel, John	
3.3 STREET ADDRESS	c/o 1900 Summit Tower Blvd. 1060	
3.4 CITY-STATE-ZIP	Orlando, FL 32810	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	Metts, Paul	
4.3 STREET ADDRESS	c/o 1900 Summit Tower Blvd. 1060	
4.4 CITY-STATE-ZIP	Orlando, FL 32810	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

Thomas Allerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Allerton

2-14-96

407-660-1826

DATE

Daytime Phone #

CR2E034 (12/95)