

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084407 (2)

1. Corporation Name

AGAPE MEDICAL MANAGEMENT & CONSULTING, INC.



Principal Place of Business

6199 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

Mailing Address

6199 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

2. Principal Place of Business

21 5915 W. Gulf To Lake Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 5915 W. Gulf To Lake Hwy
Suite, Apt. #, etc.

City & State

23 Crystal River FL

City & State

28 Crystal River, FL

Zip

24 34429

Country

25 Citrus

Zip

29 34429

Country

30 Citrus

3. Date Incorporated or Qualified
10/31/1995

3a. Date of Last Report

4. FEI Number

59-3353410

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

GAFFNEY, KAREN O
452 PLEASANT GROVE RD
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name

Mary Alice Tillman

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

5915 W. Gulf To Lake Hwy.

83

84 City

Crystal River

FL

85 Zip Code

34429

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Mary Alice Tillman
Signature of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/27/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D & P ☐ DELETE
NAME DEGRAW, JOHN R
STREET ADDRESS 6199 W GULF TO LAKE HWY
CITY- ST- ZIP CRYSTAL RIVER FL 34429

TITLE D ☒ DELETE
NAME SNYDER, WILLIAM S
STREET ADDRESS 3835 N LECANTO HWY
CITY- ST- ZIP BEVERLY HILLS FL 34465

TITLE D & S/T ☐ DELETE
NAME TILLMAN, MARY A
STREET ADDRESS 6199 W GULF TO LAKE HWY
CITY- ST- ZIP CRYSTAL RIVER FL 34429

TITLE D & V ☐ DELETE
NAME BAYS, MICHAEL
STREET ADDRESS 3835 N LECANTO HWY
CITY- ST- ZIP BEVERLY HILLS FL 34465

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 D & V ☐ Change ☒ Addition
1.2 NAME Jim C. Dekert D.O.
1.3 STREET ADDRESS 5915 W. Gulf To Lake Hwy
1.4 CITY- ST- ZIP Crystal River, FL 34429

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- 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, plus on attachment with an address.

SIGNATURE: *Mary Alice Tillman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96
Date

Daytime Phone #

CR2E034 (12/95)