

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002804

1. Corporation Name

PROWEH HEALTH SYSTEMS, INC.

Principal Place of Business

24641 US 19 N
SUITE 540
CLEARWATER FL 33763
US

Mailing Address

~~24641 US 19 N~~ P.O. Box 43188
~~SUITE 540~~ BIRMINGHAM
~~CLEARWATER FL 33763~~ AL 35243-0188
US

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

03-10-1999 90161 021 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

59-3382092

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

H LEE OHLMAN
24641 US 19 N
SUITE 540
CLEARWATER FL 33763

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 607.0502 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

H Lee Ohlman
Signature, typed or printed name of registered agent and title if applicable.

PRECIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

H LEE OHLMAN

~~24641 US 19 N #540~~ 3712 DOVER DRIVE

~~CLEARWATER FL 33763~~ BIRMINGHAM AL 35243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

~~SHERYL MCCARTHY~~

1241 BARTMOUTH DR

HOLIDAY FL 33801

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

~~DAVID BURT~~

301 S RIDGEWOOD AVE

DAYTONA BCH FL 32114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY

EUGENE W. BLUMENFELD JR

1000 URBAN CENTER DRIVE

BIRMINGHAM AL 35242-2515

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHAIRMAN OF BOARD

GERALD W CHANDLER

3524 COUNTRYWOOD LANE

BIRMINGHAM AL 35243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H Lee Ohlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99