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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000011297 (4)

FOUNTAIN HEALTH SERVICES, INC.

# FILED May 06 1997 8:00am Secretary of State



| Principal Place  | e of Business   | Mailing Address  |   |  |  | <b>1910) (188</b> 8 11910 11910 1801            | H (90) IOO                     |
|--|---|--|---|--|--|---|--------------------------------|
| Principal Place of Business Mailing Address 3435 FOX RUN ROAD 3435 FOX RUN ROA   |   | <del>-</del>   |   |  |  |   | - 41 - 41 -                    |
| SARASOTA FL  |   | SARASOTA FL 34231-731  | 8   |  |  |   |                                |
|  |   |  |   |  | 3. Date incorporated or Qualified 02/01/1996   | 3a. Date of Last i                              | Report                         |
| Principal Place of Business     1  |   | 2a. Mailing Address  | 2a. Mailing Address   |  | 4. FEI Number 59-3365643   | I A   | pplied For<br>ot Applicable    |
| Suite, Apt   | #, etc  | Suite, Apt. #, etc.  |   |  | 5. Certificate of Status Desired   | <b>58.75</b>                                    | Additional equired             |
| City & State   | ie .  | City & State   | ****  |  | Election Campaign Financing     Trust Fund Contribution  |   | May Be<br>to Fees              |
| Z <sub>IP</sub>  | Country   | Zip  | Country   | У  | 8. This corporation has liability for in   |   | <del> </del>                   |
| 24   | 25  | 29   | 30  |  |  | Yes 🗹 No  |                                |
|  | 9. Name and Address of C  | urrent Registered Agent  |   | II Massa   | 10. Name and Address of New Reg  | Istered Agent                                   | <del> </del>                   |
|  | BRECHT, WILLIAM G ESQ.  |  | B1  | Name   |  |   |                                |
| 200 SOUTH ORANGE AVENUE<br>SARASOTA FL 34238   |   |  | 82 Street Ad  |  | idress (P.O. Box Number is Not Acceptable)   |   |                                |
| •  |   |  | 83  |  |  |   | <del>'</del>                   |
|  |   |  | 84  | City   |  | FL 85 Zip                                       | Code                           |
|  | to the provisions of Sections 60<br>registered agent, or both, in the<br>im familiar with, and accept the | 7.0502 and 607.1508, Florida Statu<br>State of Florida. Such change was<br>obligations of, Section 607.0505, F | ites, the above<br>authorized by<br>lorida Statute  | re-named cor<br>by the corpora<br>es.  | rporation submits this statement for the puation's board of directors. I hereby accept   |   | lts registered<br>s registered |
|  |   |  |   |  |  |   |                                |
| SIGNATURE  | Stand on Typed or bridge basis of register  | ord agent and tills if applicable (NC  | TF: Registered An   | sent signature requ  | ured when reinetation  | DATE  |                                |
|  | Signature typed or printed name of register OFFICER:  |  |   | gent signature requ  | uired when reinstating)  ADDITIONS/CHANGES TO OFFICE   | DATE<br>ERS AND DIRECTOR                        | RS IN 12                       |
| 12.  |   | is diagent and tille if applicable (NC<br>SIAND DIRECTORS)  DELETE   | TE: Registered Ag   | gent signature requ  | ADDITIONS/CHANGES TO OFFICE  |   |                                |
| 12.  |   | S AND DIRECTORS  | 13.   |  | ADDITIONS/CHANGES TO OFFICE  | RS AND DIRECTO                                  |                                |
| 12.<br>TITLE<br>NAME   |   | S AND DIRECTORS  | 13.<br>1.1 TITLE<br>1.2 NAME  |  | P Donald Ross Blivas   | RS AND DIRECTO                                  |                                |
| 12.<br>Tifle<br>Name<br>Street address   |   | S AND DIRECTORS  | 13.<br>1.1 TOTLE<br>1.2 NAME<br>1.3 STREE   | T ADDRESS  | ADDITIONS/CHANGES TO OFFICE<br>P<br>Donald Ross Blivas<br>143 Beach Road   | RS AND DIRECTO                                  |                                |
| 12.<br>TITLE<br>NAME   |   | S AND DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY   | T ADDRESS  | ADDITIONS/CHANGES TO OFFICE<br>P<br>Donald Ross Blivas<br>143 Beach Road<br>Sarasota, FL 34242   | RS AND DIRECTOI                                 | Addition                       |
| 12. THEE NAME STREEL ADDRESS C-TY-SI- 2P THEF  |   | S AND DIRECTORS  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE  | T ADDRESS<br>S1-ZIP  | ADDITIONS/CHANGES TO OFFICE<br>P<br>Donald Ross Blivas<br>143 Beach Road<br>Sarasota, FL 34242<br>V  | RS AND DIRECTO                                  | Addition                       |
| THE NAME STREEL ADDRESS C-TY-ST-ZIP THEF NAME  |   | S AND DIRECTORS  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME   | T ADDRESS<br>S1-ZIP  | ADDITIONS/CHANGES TO OFFICE<br>P Donald Ross Blivas 143 Beach Road Sarasota, FL 34242 V Fred Fiala   | RS AND DIRECTOI  Change  Change                 | Addition                       |
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14. I do 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 into report are private received to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.

SIGNATURE:

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 941-923-7525 Dayline Pront