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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000050042 (6)

1. Corporation Name

HERITAGE/SUMMIT HEALTH CARE OF FLORIDA, INC.



Principal Place of Business

2310 A-Z PARK ROAD
LAKELAND FL 33801

Mailing Address

2310 A-Z PARK ROAD
LAKELAND FL 33801-6880

3. Date Incorporated or Qualified
06/06/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3385208

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

READY, BILLY R ESQ.
209 PALMETTO
AUBURDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

William B. Bull

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

2310 A-Z Park Road

83

84 City

Lakeland

FL

85 Zip Code
33801

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

William B. Bull
Signature, typed or printed name of registered agent and title (applicable)

William B. Bull

1-31-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BULL, WILLIAM B	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	DELETE
NAME	WALL, RUSSELL L	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	DELETE
NAME	HODGES, RICK T	
STREET ADDRESS	2310 A-Z PARK ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	DELETE
NAME	READY, BILLY R	
STREET ADDRESS	POST OFFICE BOX 1363	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	D	DELETE
NAME	PORTER, N L	
STREET ADDRESS	2066 KATIE COURT SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	DELETE
NAME	WORBINGTON, MICHAEL D	
STREET ADDRESS	170 LAKE STELLA	
CITY-ST-ZIP	AUBURDALE FL 33823	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William B. Bull	
1.3 STREET ADDRESS	2310 A-Z Park Road	
1.4 CITY-ST-ZIP	Lakeland, FL 33801	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Russell L. Wall	
2.3 STREET ADDRESS	2310 A-Z Park Road	
2.4 CITY-ST-ZIP	Lakeland, FL 33801	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ricky T. Hodges	
3.3 STREET ADDRESS	2310 A-Z Park Road	
3.4 CITY-ST-ZIP	Lakeland, FL 33801	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas L. Clarke, Jr.	
4.3 STREET ADDRESS	2310 A-Z Park Road	
4.4 CITY-ST-ZIP	Lakeland, FL 33801	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

William B. Bull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Bull 1-31-97

941-665-6060

Date

Daytime Phone #

CR2E034 (9/96)