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Apr 15 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 # P96000065068 (4)

1. Corporation Name

CRESTMARK HEALTHCARE CORPORATION

Principal Place of Business

410 NO HALIFAX AVENUE STE B
DAYTONA BEACH FL 32118

Mailing Address

410 NO HALIFAX AVENUE STE B
DAYTONA BEACH FL 32118-4084



3. Date Incorporated or Qualified

08/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 301 Indigo Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 301 Indigo Dr
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

23 Daytona Beach, FL

27 City & State

28 Daytona Beach, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 32114

25 USA

29 32114

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, ROBERT H
410 NO HALIFAX AVENUE STE B
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name Little, Robert H.

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

301 Indigo Dr

83

84 City Daytona Beach

FL

85 Zip Code 32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 individual who is not a registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LITTLE, ROBERT H
STREET ADDRESS 410 NO HALIFAX AVENUE STE B
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☒ DELETE
NAME LOCKEY, KYLE E
STREET ADDRESS 410 NO HALIFAX AVENUE STE B
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ DELETE
NAME NEGUS, ANTHONY J
STREET ADDRESS 625 COLONIAL PARK DRIVE STE 201
CITY-ST-ZIP ROSWELL GA 30075

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.P. ☒ Change ☐ Addition
1.2 NAME Little, Robert H.
1.3 STREET ADDRESS 301 Indigo Dr
1.4 CITY-ST-ZIP Daytona Beach, FL 32114

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ~~Lockey, Kyle E.~~
2.3 STREET ADDRESS ~~100 E. Int'l Speedway Blvd.~~
2.4 CITY-ST-ZIP ~~Daytona Beach FL 32118~~

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

4.1 TITLE D.S.T. ☐ Change ☒ Addition
4.2 NAME Veronica A. Acker
4.3 STREET ADDRESS 301 Indigo Dr.
4.4 CITY-ST-ZIP Daytona Beach FL 32114

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 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:

Veronica A. Acker

Veronica A. Acker

4/10/97

904/257-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)