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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065068 (4)

CRESTMARK HEALTHCARE CORPORATION

Principal Place of Business		Mailing Address		a indicate tra sales distributir delli delli delli delli	imi Atrei baird Birdt iftir 1961
301 INDIGO DR.		301 INDIGO DR.			
DAYTONA BEACH FL 32114		DAYTONA BEACH FL 321	114	DO NOT WRITE IN THIS	SPACE
00				3. Date Incorporated or Qualified	***************************************
1				08/05/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-3441181	Applied For
21		26		-APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27]		G. Commodic of States Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	irrent year Intangible Yes No
[29]	9 Name and Address of Curre		30	10 Name and Address of New Registered	
LITTLE, ROBERT H 81 N				10,	
301 INDIGO DR.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32114		Street Addi	ress (F.O. Box Nortiber is Not Acceptable)		
1			83		
			84 City	,	85 Zip Code
			Only	FL	• Zip CQue
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpose of the purpose of directors. I hereby account the grant	of changing its registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.	tion's board of directors. I hereby accept the app	Jointineat as registered
SIGNATURE					
	Signature, typed or printed name of registered ag	perit and title if applicable (NOTI ND DIRECTORS	E Registered Agent signature requir		D DIDECTORO IN 40
12.	DP OFFICE NO AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	LITTLE, ROBERT H		1.2 NAME		
STREET ADORESS	301 INDIGO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DSY	DELETE	21 TITLE		Change Addition
NAME	ACKER, VERONICA A		2.2 NAME		
STREET ADDRESS	301 INDIGO DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEGUS, ANTHONY J		3.2 NAME		
STREET ADDRESS	625 COLONIAL PARK DRIVE	STE 201	3.3 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA 30075		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP	·	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 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 chapted, or on an attachment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

☐ Change

Addition

FILED

Apr 15 1998 8:00am

Secretary of State