

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90060 014 \*\*\*150.00

DOCUMENT # **P96000071098**

1. Corporation Name

**GODWIN HEALTHCARE RESOURCES, INC.**



Principal Place of Business

**1805 FAUST DRIVE  
ENGLEWOOD FL 34224**

Mailing Address

**1805 FAUST DRIVE  
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/23/1996**

4. FEI Number

**65-0689102**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

9. Name and Address of Current Registered Agent

**GODWIN, DENISE  
1805 FAUST DRIVE  
ENGLEWOOD FL 34224**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>DENISE GODWIN</b>          |                                 |
| STREET ADDRESS | <b>1805 FAUST DR.</b>         |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>STEPHEN W GODWIN</b>       |                                 |
| STREET ADDRESS | <b>1805 FAUST DR.</b>         |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>DENISE GODWIN</b>          |                                 |
| STREET ADDRESS | <b>1805 FAUST DR.</b>         |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL</b>           |                                 |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>LAURA HEWITSON</b>         |                                 |
| STREET ADDRESS | <b>13100 MCCALL RD., #145</b> |                                 |
| CITY-ST-ZIP    | <b>PORT CHARLOTTE FL</b>      |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>LAURA SAYERS</b>  |
| 4.3 STREET ADDRESS | <b>SAME ADDRESS</b>  |
| 4.4 CITY-ST-ZIP    |  |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-99**

Date

Daytime Phone #

**944-371-8710**

CR2E034 (11/98)

0469436