

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000071390 (4)**

1. Corporation Name

AGAPE MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**5915 GULF-TO-LAKE HIGHWAY
CRYSTAL RIVER FL 34429**

**5915 GULF-TO-LAKE HIGHWAY
CRYSTAL RIVER FL 34429**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3398278

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3470 N. Lecanto Hwy	26 3470 N. Lecanto Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
23 Beverly Hills, Fla	28 Beverly Hills, Fla
City & State	City & State
24 34465	29 34465
Zip	Zip
25 FL	30 FL
Country	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARCLAY, JAMES M
131 NORTH GADSDEN STREET
TALLAHASSEE FL 32301**

81 Name

same

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICKERT, JIMMY C D.O.	
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DEGRAW, JOHN R M.D.	
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TO Secretary	<input type="checkbox"/> DELETE
NAME	BAYS, MICHAEL D	
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TILLMAN, MARY ALICE	
STREET ADDRESS	5915 GULF-TO-LAKE HIGHWAY	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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, 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:

3/31/98

CR2E034 (10/97)