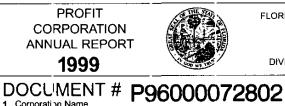
**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

20059-U3-HWY-19-N STE 202



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

28050-US HWY 10 N

DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90053 037 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

TRILLIUM HEALTH NETWORK	(, INC.	
Principal Place of Business	Mailing Address	I (Suited to and any agent and any agent and any

GLEARWATER F	<del>L 3376</del> 1	CLEARWATER FL 99761			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
					08/29/1996
2. Principal 3	lace of Business	2a. Mailing Address			4. FEI Number Applied For
<u></u>			. 1	n J	59-33()6806 Not Applicable
Suite, Ap.,	N. Belcher Rd.	26 1 8 3 1 N Be Lo Suite, Apt. #, etc.	ner	RO.	\$8.75 Additional
22 Ste.		27 Ste. F-4			5. Certificate of Status Desired Fee Required
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be
⊢ ′		<b>⊢</b> '	77.7		Trust Fund Contribution Added to Fees
23 Clear	rwater, FL Country	28 Clearwater,	Country	,	
Zip	<del></del>	<b>⊢</b> ¬ ·	¬ '		8. This corporation owes the current year Ir tangible Personal Property Tax. ☐ Yes ☐ No
<b>24</b> 33765	5USA	29 33765 30	LUS <i>E</i>	<b></b>	10. Name and Address of New Registerec Agent
-	9. Name and Address of Current	Registered Agent	81	Name	
COA	TEC BODDY I		"	Name	
	TES, BOBBY L		82		Address (P.O. Box Number is Not Acceptable)
1 77.77	<del>9 US HWY 19 N</del>				31 N. Belcher Rd.
STE:	===		83		: L = T
CLE	ARWATER FL 33761		84		ite F-4
		1	64		earwater, FL FL 33765
11. Pursuant	to the provisions of Sections 607.0202	607.1508 Florida Statutus.	the abov	e-named c	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of	Florida Surn change was auth	orized by	the corpor	cor poration submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
agent. ( a	m familiar with, and accept the obligation	ns of Tecron 607.0505, Florida	tatules	ســـــــــــــــــــــــــــــــــــــ	
SIGNATURE	Signature, freed or printed nam of registered agent a		avetered Age	nt cionatura ras	requir of when reinstating) DATE
12.	OFFICERS AND		13.	ik signatore rac	ADDITIO \S/CHANGES TO OFFICERS AND DIRECTOR: IN 12
TITLE	PS (PF) IOERO AND	□ DELETE	1.1 TITLE		G-Change Addition
	COATES, BOBBY L		12 NAME	1	- A. · ·
NAME					1831 N. Belcher Rd., Suite F-4
STREET ADDRESS	28059 US HWY 19 N, STE 202			AUDRESS	Clearwater, FL 33765
CITY-ST-ZIP	GLEARWATER FL 33701		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRES 3			2.3 STREE	TADDRESS	
CITY-ST-ZIP			2 4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Additor
NAME			3.2 NAME		
STREET ADDRES		Ï	3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
				T ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	T-ZIP	Change Addition
TITLE		["] DELETE	5.1 TITLE		Collarge Cardina
NAMÉ			5.2 NAME	ŀ	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	/		6.3 STREE	T ADDRESS	
CETY CT 71D	<b>/</b>		6.4 CITY-S	T. 71P	

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurage and that my signature shall have the same legal effect as if made uncer oath; that I am an enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual reports. officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE:

(727) <u>669-45?</u>2

CR2E034 (11/98)

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