

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 037 ***150.00

DOCUMENT # P96000072802

1. Corporation Name
TRILLIUM HEALTH NETWORK, INC.

Principal Place of Business

28059 US HWY 19 N
STE 202
CLEARWATER FL 33761
US

Mailing Address

28059 US HWY 19 N
STE 202
CLEARWATER FL 33761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3396806

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 1831 N. Belcher Rd.

Suite, Apt. #, etc.

22 Ste. F-4

City & State

23 Clearwater, FL

Zip Country

24 33765 25 USA

2a. Mailing Address

26 1831 N. Belcher Rd.

Suite, Apt. #, etc.

27 Ste. F-4

City & State

28 Clearwater, FL

Zip Country

29 33765 30 USA

9. Name and Address of Current Registered Agent

COATES, BOBBY L

28059 US HWY 19 N

STE 202

CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name

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

1831 N. Belcher Rd.

83

Suite F-4

84

City

Clearwater, FL

FL

85 Zip Code

33765

11. Pursuant to the provisions of Sections 607.002 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 PS ☐ DELETE

NAME COATES, BOBBY L

STREET ADDRESS: 28059 US HWY 19 N, STE 202

CITY-STATE-ZIP: CLEARWATER FL 33761

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

1831 N. Belcher Rd., Suite F-4
Clearwater, FL 33765

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

Bobby L. Coates, President

Date

(727) 669-4522

Daytime Phone #

CR2E034 (11/98)