

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 90074 011 \*\*\*150.00

DOCUMENT # P97000017348

1. Corporation Name

CENTRAL FLORIDA CLINICAL SERVICES, INC.



Principal Place of Business

Mailing Address

601 N NEW YORK AVE  
101  
WINTER PARK FL 32789  
US

POST OFFICE BOX 12277  
LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0811217

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

2a. Mailing Address

27 1173 Old Dixie Highway

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27

City & State

City & State

23 Lake Park, FL.

28

Zip

Country

Zip

Country

24 33403

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILL, JOSEPH K JR.  
500 AUSTRALIAN AVENUE SOUTH, SUITE 600  
WEST PALM BEACH FL 33401

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 607.0501 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  
NAME EDDY, TILLMAN L.  
STREET ADDRESS 1524 39TH ST  
CITY-ST-ZIP W PALM BCH FL 33407

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PDT  
EDDY, Tillman L.  
No Change

☒ Change ☐ Addition

TITLE VPTD  
NAME BARRETT, ROBERT C  
STREET ADDRESS 5619 N BAY RD  
CITY-ST-ZIP MIAMI BCH FL 33140

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME STURROCK, ALICE  
STREET ADDRESS 321 E WEBSTER AVE  
CITY-ST-ZIP WINTER PK FL 32789

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME KING, WILLIAM REEVES  
STREET ADDRESS 1173 OLD DIXIE HWY STE B  
CITY-ST-ZIP LAKE PARK FL 33403

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 empowerers.

SIGNATURE: Wm. Reeves King

Apr. 23, 1999

561-863-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)