

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 21, 1999 8:00 am
Secretary of State

04-21-1999 90104 004 ***150.00

DOCUMENT # P97000040712

1. Corporation Name
CMS HEALTHCARE, INC.

Principal Place of Business

10014 N. DALE MABRY
SUITE 101
TAMPA FL 33618

Mailing Address

10014 N. DALE MABRY
SUITE 101
TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3447073 59-344-7076

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 10008 N. Dale Mabry

Suite, Apt. #, etc.

22 Suite 214

City & State

23 Tampa, FL

Zip

24 33618

Country

25 USA

2a. Mailing Address

26 10008 N. Dale Mabry

Suite, Apt. #, etc.

27 Suite 214

City & State

28 Tampa, FL

Zip

29 33618

Country

30 USA

9. Name and Address of Current Registered Agent

TONEY, SAM D
10014 N. DALE MABRY
SUITE 101
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

10008 N. Dale Mabry

83 Suite 214

84 City
Tampa

FL

85 Zip Code

33618

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 PST ☐ DELETE

NAME TONEY, S P

STREET ADDRESS 10014 N DALE MABRY, 1001

CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10008 N. Dale Mabry, Suite 214

1.4 CITY-ST-ZIP Tampa, FL. 33618

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

4/12/99 813-264 7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)