

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90044 022 ***150.00

DOCUMENT # P97000072628

1. Corporation Name

TITAN HEALTHCARE, INC.

Principal Place of Business

800 ZEAGLER DRIVE
SUITE 610
PALATKA FL 32117

Mailing Address

800 ZEAGLER DRIVE
SUITE 610
PALATKA FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1997

2. Principal Place of Business

21 Moultrie P.T.

2a. Mailing Address

26 1043 AIA BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 713 S. Main ST

27

City & State

City & State

23 Moultrie, GA

28 ST Augustine, FL

Zip

Country

Zip

Country

24 31768 25 USA

29 32084 30 USA

4. FEI Number

59-3468070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PALMER, KIM
220 STATE ROAD 312
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name Kim Palmer

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

1043 AIA BEACH BLVD

83

84 City ST Augustine

FL

85 Zip Code 32084

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 D ☐ DELETE

NAME PALMER, KIM
STREET ADDRESS 204 3RD STREET
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D ☐ DELETE

NAME SILVERA, ROBERT MD
STREET ADDRESS 800 ZEAGLER DR, STE 610
CITY-ST-ZIP PALATKA FL 32117

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

1.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 904/461-3184

CR2E034 (11/98)