

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
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 050 ***300.00

DOCUMENT # P97000073541

1. Corporation Name

HEALTH CENTERS OF EXCELLENCE, INC.



Principal Place of Business

Mailing Address

2727 W. MARTIN LUTHER KING BLVD., STE. 800
TAMPA FL 33607

2727 W. MARTIN LUTHER KING BLVD., STE. 800
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3472530

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

21 6800 N. Dale Mabry
Suite, Apt. #, etc.

26 6800 N. Dale Mabry
Suite, Apt. #, etc.

22 Suite 100
City & State

27 Suite 100
City & State

23 Tampa, FL
Zip

Country

28 Tampa, FL
Zip

Country

24 33614

25 USA

29 33614

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, GEOFFREY T
400 N. TAMPA ST., STE. 2630
TAMPA FL 33602

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MANISCALCO, BENEDICT
STREET ADDRESS 2727 W. MARTIN LUTHER KING BLVD., STE. 800
CITY-ST-ZIP TAMPA FL 33607

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

TITLE D ☐ DELETE
NAME ALAGONA, PETER JR.
STREET ADDRESS 2727 W. MARTIN LUTHER KING BLVD., STE. 800
CITY-ST-ZIP TAMPA FL 33607

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

TITLE D ☐ DELETE
NAME ELCHAHAL, SAMI
STREET ADDRESS 2727 W. MARTIN LUTHER KING BLVD., STE. 800
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: BENEDICT MANISCALCO REQUIRED

4/28/99

(813)875-1177

Date

Daytime Phone #

CR2E034 (11/98)