

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 15, 1999 8:00 am  
Secretary of State

05-15-1999 90013 022 \*\*\*150.00

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1. Corporation Name

SOUTH GEORGIA HEALTH VENTURE, INC. ✓

Principal Place of Business

Mailing Address

227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/97

4. FEI Number

59-3551756 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

Intangible

☐ Yes ☐ No

Registered Agent

85 Zip Code

of changing its registered  
agent as registered

ND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (11/98)

9. Name and Address of Current Registered Agent

PIERCE, ROBERT A. ESQ.  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

81 Name

82 Street

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation 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)

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE  
NAME GIUDICE, WILLIAM  
STREET ADDRESS 1300 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ DELETE  
NAME BIXLER, THOMAS J II, MD  
STREET ADDRESS 1300 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ DELETE  
NAME VOGELHUT, MARK MD  
STREET ADDRESS 1300 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ DELETE  
NAME TEDRICK, DAVID L. MD  
STREET ADDRESS 1300 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ DELETE  
NAME PATTERSON, TODD A  
STREET ADDRESS 1300 MICCOSUKEE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

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

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

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

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

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

6.1 TITLE  
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

William A. Giudice

4-26-99

(850) 681-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #