

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085280

1. Entity Name
SOUTH GEORGIA HEALTH VENTURE, INC.



FILED

04 APR 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

Mailing Address
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

2. Principal Place of Business
1401 Centerville RD
Suite, Apt. #, etc.
Suite 210

3. Mailing Address
1401 Centerville RD
Suite, Apt. #, etc.
Suite 210

03152004 Chg-P CR2E034 (10/03)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3551756

Applied For
Not Applicable

Zip
32308

Country
Leon

Zip
32308

Country
Leon

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800036049828
05/11/04--01032--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
BIXLER, THOMAS J II
1300 MICCOSUKEE RD
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Giudice

4/29/04

850-431-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #