

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90009 004 ***150.00

DOCUMENT # P98000037512

1. Corporation Name

PROFESSIONAL HEALTH CARE ASSOCIATES, INC.

Principal Place of Business

773 MCMILLAN RD
CHATTAHOOCHEE FL 32324

Mailing Address

773 MCMILLAN RD
CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

59-3490012

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

Post Office Box 427

Chatthahoochee, FLA.

32324

9. Name and Address of Current Registered Agent

WILLIAMS, DYRON
773 MCMILLAN RD
CHATTAHOOCHEE FL 32324

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLSTON, ROWENA
P O BOX 456 N/A
MIDWAY FL 32343

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BETHEA, CHRISTINE
RT 1, BOX 3128
HAVANA FL 32333

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEOPLES, SHILDA
P O BOX 193 N/A
QUINCY FL 32353

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, DYRON
P O BOX 609 N/A
CHATTAHOOCHEE FL 32324

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRYANT, BRENDA
907 HASTIE RD
TALLAHASSEE FL 32301

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FURLOW, JESSIE
RT 6, BOX 420-H
QUINCY FL 32351

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Dyron Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
Date

850 663-4018
Daytime Phone #

CR2E034 (1/98)