

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 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 005 ***150.00

DOCUMENT # P98000041325

1. Corporation Name

RANIZE ENTERPRISES, INC. /

Principal Place of Business

Mailing Address

36329 CLEAR LAKE DR
EUSTIS, FL 32736-2400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

4. FEI Number

59-3505020 ✓

Applied For

Not Applicable

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27 N/A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 EUSTIS,

City & State

28 N/A

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32736

Country

25 LAKE

Zip

29 32736

Country

30 LAKE

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUDREY RANIZE
36329 CLEAR LAKE DR.
EUSTIS, FL 32736

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 CEO - PRES - TREASURER ☐ DELETE
NAME AUDREY RANIZE
STREET ADDRESS 36329 CLEAR LAKE DR.
CITY-ST-ZIP EUSTIS, FL 32736-2400

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

TITLE VICE PRES. MEDICAL DIRECTOR ☐ DELETE
NAME JOHN LEGOWIK M.D. SECRETARY
STREET ADDRESS 2851 SMITHFIELD DRIVE
CITY-ST-ZIP ORLANDO, FL 32837-1476

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

TITLE ASSISTANT DIRECTOR OF NURSING ☐ DELETE
NAME CLAUDETTE LAWRENCE LBN
STREET ADDRESS 2851 SMITHFIELD DR.
CITY-ST-ZIP ORLANDO, FL 32837-1476

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

TITLE DIRECTOR OF NURSING ☐ DELETE
NAME KAREN KOHLER R.N.
STREET ADDRESS 100 HAMLIN CT. SO.
CITY-ST-ZIP LONGWOOD, FL 32760

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:

Audrey Ranize

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

(352) 589-8989

Daytime Phone #

CR2E034 (11/98)