

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 19, 1999 8:00 am  
Secretary of State

05-19-1999 90001 018 \*\*\*750.00

DOCUMENT # P98000069022

1. Corporation Name

REGIONAL HEALTHCARE PARTNERS, INC.



Principal Place of Business

5313 JOHNS ROAD  
SUITE 201  
TAMPA FL 33634

Mailing Address

5313 JOHNS ROAD  
SUITE 201  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

59-3539545

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

22 Suite 100

23 Tampa FL

24 33614

2a. Mailing Address

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

27 Suite 100

28 Tampa FL

29 33614

9. Name and Address of Current Registered Agent

BROES, CHARLES E  
5313 JOHNS ROAD  
SUITE 201  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

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

6800 N Dale Mabry

83

Suite 100

84

Tampa

FL

85 Zip Code  
33614

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 *Chuck Broes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PRESHA, WALTER L  
STREET ADDRESS 880 33RD STREET  
CITY-ST-ZIP EAST PALMETTO FL 34221

TITLE D ☒ DELETE

NAME FUSCO, RAYMOND  
STREET ADDRESS 212 85TH STREET  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE D ☒ DELETE

NAME ALLISTON, CURTIS  
STREET ADDRESS 5313 JOHNS ROAD STE 201  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
Walter L. Presha  
1.3 STREET ADDRESS 880 33rd Street  
1.4 CITY-ST-ZIP East Palmetto FL 34221

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME STD  
Cardwell C. Nuckols  
2.3 STREET ADDRESS 6800 N Dale Mabry Suite 100  
2.4 CITY-ST-ZIP Tampa FL 33614

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CD  
Chuck Broes  
3.3 STREET ADDRESS 6800 N Dale Mabry Suite 100  
3.4 CITY-ST-ZIP Tampa FL 33614

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: *Chuck Broes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

813/882.6527

Daytime Phone #

CR2E034 (1/98)

0397292