

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90085 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000073515

1. Corporation Name

POST ACUTE CARE MEDICAL EDUCATION DIVISION, INC.



Principal Place of Business  
5313 JOHNS ROAD STE 201  
TAMPA FL 33634

Mailing Address  
5313 JOHNS ROAD STE 201  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

59-3533693

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.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

SIMON, JODY  
5313 JOHNS ROAD STE 201  
TAMPA FL 33634

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BABINGTON, MAUDE

5313 JOHNS ROAD STE 201

TAMPA FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GARDNER, MARIE

5313 JOHNS ROAD STE 201

TAMPA FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SMITH, DAVID

5313 JOHNS ROAD STE 201

TAMPA FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

GROSS, MARY B

5313 JOHNS ROAD STE 201

TAMPA FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

FRAZIER, MALCOLM

5313 JOHNS ROAD STE 201

TAMPA FL 33634

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

HENDRICKSON, ROMAN

5313 JOHNS ROAD STE 201

TAMPA FL 33634

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:

SIGNATURE REQUIRED

3/15/99 813261 0062

Date

Daytime Phone #

CR2034 (11/98)