

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **S91079**  
1. Corporation Name  
**HEARTLAND HEALTH CARE SERVICES, INC.**

Principal Place of Business  
P.O. BOX 2180  
ARCADIA FL 33821

Mailing Address  
P.O. BOX 2180  
ARCADIA FL 33821

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**

08-26-1999 90002 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/31/1991**

4. FEI Number

**65-0367993**

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WALDRON, E.E. JR**  
**124 N BREVARD AVE**  
**ARCADIA FL 33821**

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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, GARY M</b>	
STREET ADDRESS	<b>900 NORTH ROBERT AVE</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>AMBLER, LEWIS JR</b>	
STREET ADDRESS	<b>P O BOX 471</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, ROBERT R</b>	
STREET ADDRESS	<b>P O BOX 1269</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLTON, ROBERT M</b>	
STREET ADDRESS	<b>ROUTE 6 BOX 5568</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Roy C. Vinson</b>	
1.3 STREET ADDRESS	<b>900 N. Robert Avenue</b>	
1.4 CITY-ST-ZIP	<b>Arcadia, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
**La. S. Amble, S.** 8/4/99 1414942242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0104018