

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

DOCUMENT # V22874

1. Corporation Name

RENAISSANCE - PALMETTO, INC.

Principal Place of Business

**PALMETTO HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH FL 33016
US**

Mailing Address

**4720 OLD GETTYSBURG RD
STE 311
MECHANICSBURG PA 17055
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

03/17/1992

4. FEI Number

65-0322098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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 ☐ DELETE

**NAME
RICHARDSON, RICHARD D
STREET ADDRESS
5 WESTWIND DRIVE
CITY-ST-ZIP
LEMOYNE PA**

TITLE ☐ DELETE

**NAME
BARRICK, JOSEPH A
STREET ADDRESS
448 WOODCREST DRIVE
CITY-ST-ZIP
MECHANICSBURG PA**

TITLE ☐ DELETE

**NAME
DOHERTY, JAKE H
STREET ADDRESS
4207 NANTUCKET DRIVE
CITY-ST-ZIP
MECHANICSBURG PA**

TITLE ☐ DELETE

**NAME
KOPCHICK, JOSEPH A
STREET ADDRESS
14 PINETREE DR
CITY-ST-ZIP
MECHANICSBURG PA**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Joseph A. Kopchick VPR Joseph A. Kopchick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99
Date

717-731-0300
Daytime Phone #

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90095 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)