

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V26691 (8)

1. Corporation Name:

HCPH BRADENTON, INC.



Principal Place of Business

Mailing Address

6000 MEADOWBROOK MALL  
SUITE 200  
CLEMMONS NC 27012  
US

600 MEADOWBROOK MALL  
SUITE 200  
CLEMMONS SC 27012  
US

3. Date Incorporated or Qualified  
04/07/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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4. FEI Number  
56-1773375

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOETZ, GALEN  
2415 SOUTH VOLUSIA AVENUE  
SUITE A4  
ORANGE CITY FL 32763

81 Name  
Goetz, Galen

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

83

84 City  
Deltona

FL

85 Zip Code  
32725

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 if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SWAIN, W. S	
STREET ADDRESS	6000 MARKET SQUARE, SUITE 200	
CITY- ST- ZIP	CLEMMONS NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HERZOG, LAVERNE P	
STREET ADDRESS	2415 S VOLUSIA AVE., STE. A-4	
CITY- ST- ZIP	ORANGE CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUERCHOW, M. R	
STREET ADDRESS	6000 MEADOWBROOK MALL, STE. 200	
CITY- ST- ZIP	CLEMMONS NC	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See attached
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	See attached
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	See attached
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	900001783469
5.3 STREET ADDRESS	-04/17/96--01022--024
5.4 CITY- ST- ZIP	***200.00
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LaVerne P. Herzog

4/12/96

Date

407-860-0689

Daytime Phone #

564-16-96

CR2E034 (12/95)

ADDENDUM

OFFICERS

Chief Executive Officer, Vice  
President, Chairman of the  
Board and Assistant Secretary:

W. Stewart Swain  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

President, Vice President  
and Assistant Secretary:

Laverne P. Herzog  
689 Deltona Blvd.  
Deltona, Florida 32725

Vice President of  
Operations:

Jewel Austin  
2828 Winding Way  
Lilburn, Georgia 30247

Regional  
Vice President:

Bruce Covell, Jr.  
6655 Southwest 7th  
Margate, Florida 33068

Vice President, Director of  
Reimbursement, and Assistant  
Secretary:

Troy Curry  
600 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Vice President, Treasurer, Chief  
Financial Officer and Assistant  
Secretary:

Becky Muenchow  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Secretary:

Faye Hutchins  
6000 Market Square Court  
Suite 200  
Clemmons, North Carolina 27012

Assistant Secretary:

Jo Ann Page  
689 Deltona Blvd.  
Deltona, Florida 32725