

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27749** (3)

1. Corporation Name

HEALTH FACILITY PUBLISHERS, INC.



Principal Place of Business

**10991-55 SAN JOSE BLVD.
SUITE 133
JACKSONVILLE FL 32223**

Mailing Address

**10991-55 SAN JOSE BLVD.
SUITE 133
JACKSONVILLE FL 32223**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/10/1992

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3121563

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

**BURRELL, L. VINCENT
1301 GULF LIFE DR
SUITE 2501
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

J. Michael Lindell

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

233 East Bay Street

83

Suite 620

84 City

Jacksonville

85 FL

Zip Code

32202

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Michael Lindell

J. Michael Lindell

4/9/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DICKERMAN, KENNETH N.**
STREET ADDRESS **11721 VILLAGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **GREEN, EDWIN S.**
STREET ADDRESS **3410 STONY BROOK DR.**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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. TITLE

SECRETARY

2. NAME

DICKERMAN, JUDITH H.

3. STREET ADDRESS

11721 VILLAGE LN

4. CITY-ST-ZIP

JACKSONVILLE FL 32223

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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: *Kenneth N. Dickerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH N. DICKERMAN
PRESIDENT**

4/5/96 904/268-6092

CR2E034 (12/95)