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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H04209 DOCUMENT #

Country

9. Name and Address of Current Registered Agent

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(3)

-	ADID 4	CARAN V	CADE	MEDICAL	CENTERS.	INC
ы	()HII)A	FAMILY	CAHE	MEDICAL	CENTERO!	INC.

Principal Place of Business 1545 COUNTY RD 951 NAPLES FL 33999 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Ζıp

Corporation Name

1646 ROBIN HOOD LANE

Mailing Address

2a. Mailing Address

City 3 State

Suite, Apt. #, etc.

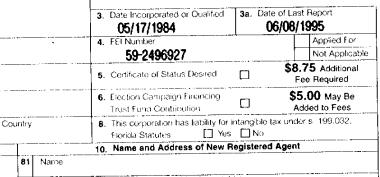
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CLEARWATER FL 34624



LEACH, WILLIAM C 3505 N RD NAPLES FL 33942

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 affice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.

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SIGNATURE Sky arises, typed on printed name of registers, traject and short as procedure. The Page 12. OFFICE RS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
IITLE	S	☐ DELETE	1 1 THE	Change Addition	
AME	LEACH, CHRISTINE		1.2 NAME		
TREET ADDRESS	1646 ROBIN HOOD LANE		1.3 STREET ADDRESS		
TY-ST-ZIP	CLEARWATER FL		1.4 Cilly - ST - ZiF		
TLE	P	DELETE	2 \ TilluF	Change Addition	
AME	LEACH, WILLIAM C.		2.2 NAME		
TREET ADDRESS	3505 NORTH ROAD		2.3 STREET ADURESS		
HTY-ST-ZIP	NAPLES FL		2 4 CiTY - \$1 - ZiP		
III-SI-ZIF	100 220 12	□ DELF1€	3 1 TITLE	Change Addition	
AME			3 2 NAME		
TREE1 ADDRESS			3.3 STREET ADDRESS		
ITY-ST-ZIP			3.4 CHY+SI, ZIP		
TLE		☐ DELETE	4 1 1 Jul	Change Additio	
IAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 21P			4.4.01FY S1-ZIF		
TITLE		☐ DELFTE	5 1 T ILF	Change Additio	
IAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHY-ST-ZIF		
ITLE		DELETE	E 1 THLE	Change Addition	
AME			6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF ZID			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 Soction 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 certify 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 12 or contact the composition of 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 12 or contact the composition of the receiver of the composition of the composition of the receiver of the receiv

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

4/29/96 813-531-7102