

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 02 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 603636 (2)
 1. Corporation Name
RICHEY MEDICAL CENTER, INC.



Principal Place of Business 5341 GRAND BOULEVARD NEW PORT RICHEY FL 34652	Mailing Address 5341 GRAND BOULEVARD NEW PORT RICHEY FL 34652
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1400611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BROADFIELD, W. H.
5341 GRAND BOULEVARD
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GONZALEZ, P. J. M	
STREET ADDRESS	5341 GRAND BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BROADFIELD, W. H. M	
STREET ADDRESS	5341 GRAND BLVD.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HUFFMAN, LYNN S. M	
STREET ADDRESS	5341 GRAND BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. J. GONZALEZ, M.D.	
1.3 STREET ADDRESS	5341 GRAND BOULEVARD	
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARTHUR M. SCHLYER, M.D.	
2.3 STREET ADDRESS	5341 GRAND BOULEVARD	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
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 do 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 _____ DATE **8-26-97**

CR2E034 (4/97)