

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 27 AM 10:54

DOCUMENT # 720565

(1)

1. Corporation Name

MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1971	3a. Date of Last Report 04/13/1994
4. FEI Number 59-1424865	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
ASSOCIATION INC (C/O DELIA W. DEARMA) SUITE A - 500 MEMORIAL CIRCLE ORMOND BEACH FL 32174-5094		ASSOCIATION INC (C/O DELIA W. DEARMA) SUITE A - 500 MEMORIAL CIRCLE ORMOND BEACH FL 32174-5094	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEARMAS, C. ROBERT, JR.
500 MEMORIAL CIRCLE STE A
ORMOND BEACH FL 32074**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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 of 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 terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DEARMAS, ROBERT C., JR.	12 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	13 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 00000	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	EDMONDSON, C.D.	22 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 00000	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STAM, ROBERT E	32 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	33 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH, FL 00000	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental filing, 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
3/22/95

904/622-5881