

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720565** (1)
1. Corporation Name
MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.



Principal Place of Business ASSOCIATION INC (C/O DELIA W. DEARMA) SUITE A - 500 MEMORIAL CIRCLE ORMOND BEACH FL 32174-5094	Mailing Address ASSOCIATION INC (C/O DELIA W. DEARMA) SUITE A - 500 MEMORIAL CIRCLE ORMOND BEACH FL 32174-5094
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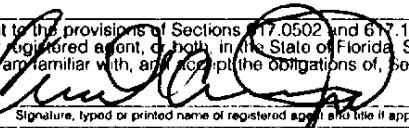
3. Date Incorporated or Qualified 03/22/1971	
4. FEI Number 59-1424865	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

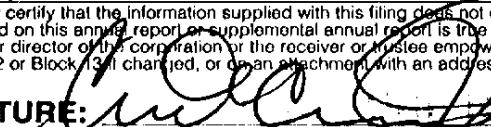
**DEARMAS, C. ROBERT, JR.
500 MEMORIAL CIRCLE STE A
ORMOND BEACH FL 32074**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEARMAS, ROBERT C., JR.	1.2 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDMONDSON, C.D.	2.2 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STAM, ROBERT E	3.2 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OSCAR F CARBONELL	4.2 NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:  **C.R. DeArmas**
President 4/12/98 904/672-5881

CR2E037 (10/97)