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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720565

1. Corporation Name

MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1424865 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 [illegible] Florida Statutes.

SIGNATURE: _____ DATE

(Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating)

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	CARBONELL, OSCAR F		3.2 NAME		
STREET ADDRESS	500 MEMORIAL CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 00000 32174		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	E.J. MONSOUR MD		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	03-02-99 90049 049 $61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3/25

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 2/3/99 904-441-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)