

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733733 (0)

1. Corporation Name  
MID-COUNTY MEDICAL CENTER, INC.



Principal Place of Business: 8190 OKEECHOBEE BOULEVARD, WEST PALM BEACH FL 33411, US  
Mailing Address: 901 45TH STREET, WEST PALM BEACH FL 33411, US

3. Date Incorporated or Qualified: 09/03/1975  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1810868  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LARCOMBE GOODWIN VALERIE, 901 45TH STREET, WEST PALM BEACH FL 33411  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (000001812570, -05/08/96--0101--016, \*\*\*1735.00), City, Zip Code (FL)

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FRENCH, MICHAEL	1.1 TITLE:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	1.2 NAME:	
TITLE: ST	NAME: <del>COMAS, M. VATOR-SISTER</del>	1.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP:	
TITLE: <del>D</del>	NAME: MURPHY, MARTIN	2.1 TITLE:	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	2.2 NAME:	Valerie Goodwin Larcombe
TITLE: D	NAME: <del>TURNLEY, FELICIA</del>	2.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: <del>MUDANO, MARIO</del>	3.1 TITLE:	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	3.2 NAME:	
TITLE: D	NAME: <del>SNYDER, GAYLORD M.</del>	3.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP:	
TITLE: D	NAME: <del>TURNLEY, FELICIA</del>	4.1 TITLE:	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL	4.2 NAME:	Phil Dutcher
TITLE: D	NAME: <del>MUDANO, MARIO</del>	4.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP:	
TITLE: D	NAME: <del>SNYDER, GAYLORD M.</del>	5.1 TITLE:	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	5.2 NAME:	Greg Gardner
TITLE: D	NAME: <del>SNYDER, GAYLORD M.</del>	5.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	5.4 CITY-ST-ZIP:	
TITLE: D	NAME: <del>SNYDER, GAYLORD M.</del>	6.1 TITLE:	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	6.2 NAME:	Phyllis Savill
TITLE: D	NAME: <del>SNYDER, GAYLORD M.</del>	6.3 STREET ADDRESS:	
STREET ADDRESS: 901 45TH STREET	CITY-ST-ZIP: WEST PALM BEACH FL 33407	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 Section 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 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.

SIGNATURE: \_\_\_\_\_ Date: 4/30/96 (407) 650-6223

CR2E037 (12/95)