

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

8190 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33411  
US

801 45TH STREET  
WEST PALM BEACH FL 33407-2413  
US

3. Date Incorporated or Qualified  
09/03/1975

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-1810868

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE GOODWIN VALERIE  
901 45TH STREET  
WEST PALM BEACH FL 33411

81 Name  
Valerie G. Larcombe

82 Street Address (P.O. Box Number is Not Acceptable)  
1309 No. Flagler Drive

83

84 City  
West Palm Beach

FL

85 Zip Code  
33401

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

4-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ~~DELETE~~  
NAME FRENCH, MICHAEL  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME LARCOMBE, VALERIE G  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CD  DELETE  
NAME MURPHY, MARTIN  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DUTCHER, PHIL  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE  Change  Addition  
4.2 NAME Phillip C. Dutcher  
4.3 STREET ADDRESS 901 45th Street  
4.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE TD  DELETE  
NAME GARDNER, GREG  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

5.1 TITLE  Change  Addition  
5.2 NAME Frank Nask  
5.3 STREET ADDRESS 901 45th Street  
5.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE D ~~DELETE~~  
NAME SAVILL, PHYLLIS  
STREET ADDRESS 901 45TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407

6.1 TITLE  Change  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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-22-97

561-650-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040389

CR2E037 (9/96)