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May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
901 45TH STREET WEST PALM BEACH FL 33411 US

3. Date Incorporated or Qualified
09/03/1975

4. FEI Number Applied For
59-1810868 Not Applicable

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARCOMBE, VALERIE F
1309 N FLAGLER DR
WEST PALM BEACH FL 33401

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE CD Change Addition
2.2 NAME Thomas McCloskey
2.3 STREET ADDRESS 901 45th Street
2.4 CITY-ST-ZIP West Palm Beach, FL 33407

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

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

TITLE TD DELETE
NAME NASK, FRANK
STREET ADDRESS 901 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed or on an attachment with an address.

SIGNATURE *[Signature]* 4/30/98

CR2E037 (10/97)