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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90021 001 *1,485.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 733733

1. Corporation Name

MID-COUNTY MEDICAL CENTER, INC.

* 562406 - 90021 - 5

Principal Place of Business

8190 OKEECHOBEE BOULEVARD
 WEST PALM BEACH FL 33411
 US

Mailing Address

901 45TH STREET
 WEST PALM BEACH FL 33411
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date incorporated or Qualified

09/03/1975

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

9. Name and Address of Current Registered Agent

LARCOMBE, VALERIE G
 1309 N FLAGELR DR
 WEST PALM BEACH FL 33401

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

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)

4/30/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	THOMAS MCCLOSKEY	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHIL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NASK, FRANK	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
 Date

5616506223
 Daytime Phone #

CR2E037 (1/98)