

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 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 # 763479 (3)

1. Corporation Name
COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 883 BUNNELL FL 32110 P.O. BOX 883 BUNNELL FL 32110-0883

3. Date Incorporated or Qualified 05/28/1982 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2984966 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent LACY, BEN W. 1 FLORIDA PARK DR, SUITE 224A PALM COAST 32137
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: 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 SHAMS, SAFWAN DELETE
NAME SHAMS, SAFWAN
STREET ADDRESS 209 SOUTH LEMON STREET
CITY-ST-ZIP BUNNELL FL
TITLE VD CARTER, MORRIS R. DELETE
NAME CARTER, MORRIS R.
STREET ADDRESS 207 SOUTH LEOM STREET
CITY-ST-ZIP BUNNELL FL
TITLE SD LACY, BEN W. DELETE
NAME LACY, BEN W.
STREET ADDRESS 1 FLORIDA PARK DR
CITY-ST-ZIP PALM COAST FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
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: [Signature] DATE: 2/16/97

CR2E037 (9/96)