FILE NOW: FILING FEE IS $61.25

FILED
May 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 # **769423** **(5)**

1. Corporation Name

COUNTRYSIDE MEDICAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
944 BRIDGEWATER DRIVE #HSE PORT ORANGE FL 32127 US	42 S. PENINSULA DR. ATTN: MICHAEL D. HELSOMA DAYTONA BEACH FL 32118-4442 US

3. Date Incorporated or Qualified: 07/18/1983	3a. Date of Last Report: 08/07/1996
4. FEI Number: 59-2557924	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DAVIDSON DAVID
303 N. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number Is Not Acceptable)

63

64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, WILLIAM		1.2 NAME	
STREET ADDRESS	303 N. CLYDE MORRIS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PANCZYSZYN, MICHAEL		2.2 NAME	
STREET ADDRESS	938 BRIDGEWATER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOHEN, MICHAEL M		3.2 NAME	
STREET ADDRESS	709 N. CLYDE MORRIS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STAUDT, EDWARD D		4.2 NAME	
STREET ADDRESS	944 BRIDGEWATER DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAUGHWOUT, RICHARD		5.2 NAME	
STREET ADDRESS	303 N. CLYDE MORRIS BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 REQUIRED 3-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0002242