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 Feb 18 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 # 833971 (5)
 1. Corporation Name
 INNER HARBOUR HOSPITALS, LTD., A NONPROFIT CORPORATION



Principal Place of Business: HC 62, BOX 73, CARRABELLE FL 32322-9711
 Mailing Address: 4685 DORSETT SHOALS ROAD, DOUGLASVILLE GA 30135

3. Date Incorporated or Qualified: 03/11/1975
 4. FEI Number: 58-0873694
 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

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 BARCLAY, JAMES M
 131 N GADSDEN ST
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-84) including Name, Street Address, City, and Zip Code (85).

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCROGGY, RONALD	
STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	BOLTON, IRIS	
STREET ADDRESS	4685 DORSETT SHOALS RD.	
CITY-ST-ZIP	DOUGLASVILLE GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SMUCKER, TIM	
STREET ADDRESS	4685 DORSETT SHOALS RD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATCHER, HERSCHEL	
STREET ADDRESS	4685 DORSETT SHOALS RD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HUCKABY, HANK	
STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAHEW, HELYN	
STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAYHEW, HELYN	
1.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
1.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)