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03-03-1999 90067 024 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 833971

1. Corporation Name

INNER HARBOUR HOSPITALS, LTD., A NONPROFIT CORPORATION

* 1 5 4 8 7 4 9 0 6 7 2 4 7 *

Principal Place of Business

HC 62
 BOX 73
 CARRABELLE FL 32322-9711

Mailing Address

4685 DORSETT SHOALS ROAD
 DOUGLASVILLE GA 30135



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/11/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-0873694

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARCLAY, JAMES M
131 N GADSDEN ST
TALLAHASSEE FL 32301

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 DELETE
 NAME **TD SCROGGY, RONALD**
 STREET ADDRESS **4685 DORSETT SHOALS ROAD**
 CITY-ST-ZIP **DOUGLASVILLE GA 30135**

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

TITLE DELETE
 NAME **VCT BOLTON, IRIS**
 STREET ADDRESS **4685 DORSETT SHOALS RD.**
 CITY-ST-ZIP **DOUGLASVILLE GA**

2.1 TITLE Change Addition
 2.2 NAME **C DAHLKE, WAYNE**
 2.3 STREET ADDRESS **4685 Dorsett Shoals Road**
 2.4 CITY-ST-ZIP **Douglasville GA 30135**

TITLE DELETE
 NAME **CD SMUCKER, TIM**
 STREET ADDRESS **4685 DORSETT SHOALS RD**
 CITY-ST-ZIP **DOUGLASVILLE GA 30135**

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

TITLE DELETE
 NAME **D HATCHER, HERSCHEL**
 STREET ADDRESS **4685 DORSETT SHOALS RD**
 CITY-ST-ZIP **DOUGLASVILLE GA 30135**

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

TITLE DELETE
 NAME **C HUCKABY, HANK**
 STREET ADDRESS **4685 DORSETT SHOALS ROAD**
 CITY-ST-ZIP **DOUGLASVILLE GA 30135**

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

TITLE DELETE
 NAME **T MAYHEW, HELYN**
 STREET ADDRESS **4685 DORSETT SHOALS ROAD**
 CITY-ST-ZIP **DOUGLASVILLE GA 30135**

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 with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 770-942-2391
 Date Daytime Phone #

CR2E037 (11/98)