

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52571** (8)

1. Corporation Name
FIRST HOSPITAL CORPORATION OF FLORIDA



Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	% C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

3. Date Incorporated or Qualified 08/03/1983	3a. Date of Last Report 08/03/1995
4. FEI Number 54-1244838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRBY, EDWARD C	1.2 NAME	Steve Linehan
STREET ADDRESS	1203 GATES AVE	1.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUSIG, WILLIAM B.	2.2 NAME	Nancy Grden
STREET ADDRESS	5444 HARGROVE BLVD.	2.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	VIRGINIA BCH. FL	2.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUSS, GLORIA J.	3.2 NAME	Mark Benz
STREET ADDRESS	805 GLENROSE CT	3.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	CHESAPEAKE VA	3.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOZORETZ, RONALD I MD	4.2 NAME	William Turner
STREET ADDRESS	240 CORPORATE BLVD	4.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	NORFOLK VS	4.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Ronald I. Dozoretz, M.D.
STREET ADDRESS		5.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/16/96 (804) 459-5124

CRE034 (12/95)