

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G52571 (8)**  
 1. Corporation Name  
**FIRST HOSPITAL CORPORATION OF FLORIDA**



Principal Place of Business <b>% C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND RD.          PLANTATION FL 33324</b>	Mailing Address <b>% C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND RD.          PLANTATION FL 33324-4413</b>
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3. Date Incorporated or Qualified <b>08/03/1983</b>	3a. Date of Last Report <b>03/19/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	IRBY, EDWARD C	
STREET ADDRESS	1203 GATES AVE	
CITY - ST - ZIP	NORFOLK VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAUSIG, WILLIAM B.	
STREET ADDRESS	5444 HARGROVE BLVD.	
CITY - ST - ZIP	VIRGINIA BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NUSS, GLORIA J.	
STREET ADDRESS	605 GLENROSE CT	
CITY - ST - ZIP	CHESAPEAKE VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOZORETZ, RONALD I MD	
STREET ADDRESS	240 CORPORATE BLVD	
CITY - ST - ZIP	NORFOLK VA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STEVE LINEHAN	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA 23502	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GRDEN, NANCY	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA 23502	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Timothy D. McCarthy
2.3 STREET ADDRESS	240 Corporate Blvd
2.4 CITY - ST - ZIP	Norfolk VA 23502
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy D. McCarthy* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/97*  
DATE

CR2E034 (9/96)