FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # N19898 (8)

1. Corporation Name
LAKE SHORE HOSPITAL, INC.

Principal Place of Business	Mailing Address
~~720 SW 2 AVE STE 300~~ ~~PO BOX 749~~ ~~GAINESVILLE FL 32602-7749~~	8930 NW 39TH AVENUE PO BOX 749 GAINESVILLE FL 32602-0749 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1987
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2790725 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8930 N.W. 39th Ave	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville, FL	28 City & State
24 32606 Zip / 25 USA Country	29 Zip / 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
8930 NW 39TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BULLARD, AUDREY	12 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	FRENCH, ROYAL	22 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	DVC	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JAMES	32 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	PEDDIE, EDWARD	42 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	O'NEIL, GERALD	52 NAME	
STREET ADDRESS	720 NW 2ND AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	OZAKI, CHARLES	62 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 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)(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: E.C. Peddie — E.C. PEDDIE — 3/20/95 — (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000140

Revised 7/7/94

N19898

LAKESHORE HOSPITAL, INC.

BOARD OF DIRECTORS (con't)

D	Green, Buzzy	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Dinkins, Arnold	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McKinley, Paul	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Mounger, William	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Moore, Jim	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Roark, Steven	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Cosby, Edgar	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Townsend, Wallace	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Martsolf, Mary	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Nell, Cathy	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johnson, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D/T	Durrance, Jack	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Hetzel, Alan	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Scott, Olivia	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johns, Linda	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Ayers, Isabelle	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Stechmiller, Bruce	8930 N.W. 39th Avenue	Gainesville, FL 32606
D/C	Daniel, C.B.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Rozboril, Michael	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Wise, Sandra	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Chance, Jean	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Powell, Rodger	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Carmichael, Majorie	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McGranahan, Bob	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Fletcher, T.J.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Owen, Mark	8930 N.W. 39th Avenue	Gainesville, FL 32606