SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N93000002580 (9)**

1. Corporation Name
FLORIDA ASSOCIATION OF HOSPITAL HEALTH & FITNESS PROGRAMS, INC.

Principal Place of Business	Mailing Address
% ROSANNE M. DUANE. ESQ. 222 LAKEVIEW AVE. 4TH FLOOR WEST PALM BEACH FL 33401	% ROSANNE M. DUANE. ESQ. 222 LAKEVIEW AVE. 4TH FLOOR WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1993	3a. Date of Last Report: 07/17/1996
2. Principal Place of Business (21): 300 GOODLETTE RD. S.	2a. Mailing Address (26): 300 GOODLETTE RD. S.
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): NAPLES, FL.	City & State (28): NAPLES, FL.
Zip (24): 34102 Country (25): U.S.A.	Zip (29): 34102 Country (30): U.S.A.
4. FEI Number: 65-0481769	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAWDOCK, FLORIDA ESPERANTE BUILDING 4TH FLOOR 222 LAKEVIEW AVE. W. PALM BCH. FL 33401-6147	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: W. GREGORY CAMP PPD W. Gregory Camp 9-15-97
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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DIETZ, STEVE	1.2 NAME	
STREET ADDRESS	HOLMES REGIONAL MEDICAL CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	
TITLE	PPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMP, W GREGORY	2.2 NAME	
STREET ADDRESS	430 GOLFVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33904	2.4 CITY-ST-ZIP	
TITLE	PE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHANCE, ART	3.2 NAME	
STREET ADDRESS	BAY MEDICAL CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARDELLO, NICHOLAS	4.2 NAME	
STREET ADDRESS	MORTON PLANT HEALTH CARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TRANAN, JEANNY N	5.2 NAME	
STREET ADDRESS	LEESBURG REGIONAL MEDICAL CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RUST, JANINE	6.2 NAME	
STREET ADDRESS	LEE MEMORIAL HEALTH SYSTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33902	6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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 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 REQUIRED 9/15/97 941-434-6220