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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001553 (6)

1. Corporation Name

ROCK RIVER MEDICAL CENTER BLDG INC.



Principal Place of Business

Mailing Address

C/O JACK L. ALTER
617 HILL DRIVE, R.R. #3
ROCK FALLS IL 61071

C/O JACK L. ALTER
617 HILL DRIVE, R.R. #3
ROCK FALLS IL 61071-2066

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 % L. Frances Maynard, Sec-Tre

26 % L. Frances Maynard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1417 Bennett Drive

27 1417 Bennett Drive

City & State

City & State

23 Rock Falls, IL

28 Rock Falls, IL

Zip

Country

Zip

Country

24 61071-2647

25 Whiteside

29 61071-2647

30 Whiteside

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME ALTER, JACK L
STREET ADDRESS 617 HILL DRIVE
CITY-ST-ZIP ROCK FALLS IL 61071

☐ DELETE

TITLE TDS
NAME MAYNARD, L F
STREET ADDRESS 1417 BENNETT DRIVE
CITY-ST-ZIP ROCK FALLS IL 61071

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

L. Frances Maynard, Secretary-Treasurer

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/97 815-625-4212

0503876

CR2E034 (9/96)