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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 410575 (5)

1. Corporation Name
Central Florida medical Center, Inc.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1972	1/31/1994

2. Principal Place of Business	2a. Mailing Address
21 23 W. Columbia	26 1414 Kuhl Avenue
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23 Orlando FL	City & State: 28 Orlando FL
Zip: 24 32806 Country: 25 Orange	Zip: 29 32806 Country: 30 Orange

4. FEI Number: 59-1428349 ☐ 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 has liability for intangible tax under S 199 032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Hodges, Karl W. 1414 Kuhl Avenue Orlando, FL	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: Karl W. Hodges, VP/CFO — 4/27/95
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 / NAME / STREET ADDRESS / CITY ST ZIP	PD J. Gary Strack 1414 Kuhl Avenue Orlando, FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD John Hillenmeyer 1414 Kuhl Avenue Orlando, FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	SD John Hillenmeyer 1414 Kuhl Avenue Orlando, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD Karl W. Hodges 1414 Kuhl Avenue Orlando, FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 700001479817 -05/08/95--01166--001 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD R. Roy Wright 1414 Kuhl Avenue Orlando, FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition $75 11

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karl W. Hodges — 4/27/95 — (407)841-5124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BPC 4/14/95