

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

23 W. COLUMBIA
ORLANDO FL 32806

Mailing Address

1414 KUHLE AVENUE
ORLANDO FL 32806

3. Date Incorporated or Qualified
10/11/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 32806 29 30

PAUL GOLDSTEIN
1414 KUHLE AVENUE
ORLANDO FL

4. FEI Number

59-1428349

Applied For
Not Applicable

icate of Status Desired

☐

\$8.75 Additional
Fee Required

on Campaign Financing
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

HODGES, KARL W
1414 KUHLE AVE.
ORLANDO FL

10. Name and Address of New Registered Agent

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

GOLDSTEIN, PAUL

1414 KUHLE AVENUE

ORLANDO

FL

32806

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 Florida resident

(NOTE: Registered Agent Signature required when filing with)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD STRACK, J. GARY
1414 KUHLE AVENUE
ORLANDO FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD HILLENMEYER, JOHN
1414 KUHLE AVENUE
ORLANDO FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD HODGES, KARL W
1414 KUHLE AVENUE
ORLANDO FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P JOHN HILLENMEYER, PRESIDENT
1414 KUHLE AVENUE
ORLANDO FL

D JOHN BOZARD
1414 KUHLE AVENUE
ORLANDO FL

TD PAUL GOLDSTEIN
1414 KUHLE AVENUE
ORLANDO FL

D GARRY SINGLETON
1414 KUHLE AVENUE
ORLANDO FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (407) 841-5131

CR2E034 (12/95)