

**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 # 603636 (2)

1. Corporation Name  
**RICHEY MEDICAL CENTER, INC.**



Principal Place of Business: 5341 GRAND BOULEVARD NEW PORT RICHEY FL 34652  
Mailing Address: 5341 GRAND BOULEVARD NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 07/05/1972  
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1400611	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROADFIELD, W. H. 5341 GRAND BOULEVARD NEW PORT RICHEY FL 34652		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	P
NAME	GONZALEZ, P.J. M	1.2 NAME	GONZALEZ, P.J. MD
STREET ADDRESS	5341 GRAND BOULEVARD	1.3 STREET ADDRESS	5341 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	ST	2.1 TITLE	
NAME	BROADFIELD, W.H. M	2.2 NAME	
STREET ADDRESS	5341 GRAND BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	ST
NAME	HUFFMAN, LYNN S. M	3.2 NAME	HUFFMAN, LYNN S. MD
STREET ADDRESS	5341 GRAND BOULEVARD	3.3 STREET ADDRESS	5341 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: \_\_\_\_\_ Date: 4-30-96 Daytime Phone #: 813-848-3439

CR2E034 (12/95)