

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 02 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1972	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-1400611	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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

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	P	<input type="checkbox"/> DELETE		1.1 TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, P. J. M			1.2 NAME	P. J. GONZALEZ, M.D.		
STREET ADDRESS	5341 GRAND BOULEVARD			1.3 STREET ADDRESS	5341 GRAND BOULEVARD		
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROADFIELD, W.H. M			2.2 NAME	ARTHUR M. SCHLYER, M.D.		
STREET ADDRESS	5341 GRAND BLVD.			2.3 STREET ADDRESS	5341 GRAND BOULEVARD		
CITY-ST-ZIP	NEW PORT RICHEY FL			2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUFFMAN, LYNN S. M			3.2 NAME			
STREET ADDRESS	5341 GRAND BOULEVARD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 _____ DATE **8-26-97**

CR2E034 (4/97)