

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 # **648843** (1)

1. Corporation Name

FLORIDA HOSPITAL PROPERTIES, INC.



Principal Place of Business

**6600 W CHARLESTON
SUITE 118
LAS VEGAS NV 89102
US**

Mailing Address

**6600 W CHARLESTON
SUITE 118
LAS VEGAS NV 89102
US**

3. Date Incorporated or Qualified
12/19/1979

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
95-3764551

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LINDHEIMER, JACK H., M.D.**
STREET ADDRESS **4519 N ROSEMEAD BLVD**
CITY-STATE-ZIP **ROSEMEAD, CA 91770**

TITLE **CD/CEO** ☐ DELETE
NAME **CONTE, RICHARD L.**
STREET ADDRESS **6600 W CHARLESTON, #118**
CITY-STATE-ZIP **LAS VEGAS NV 89102**

TITLE **D** ☐ DELETE
NAME **FLEISCHMANN, HARTLY**
STREET ADDRESS **650 CALIFORNIA ST, STE 2550**
CITY-STATE-ZIP **SAN FRANCISCO, CA 00000 94108**

TITLE **D** ☐ DELETE
NAME **THOMAS, ROBERT L**
STREET ADDRESS **1144 MAINSAIL DRIVE**
CITY-STATE-ZIP **ANNAPOLIS MD 21403**

TITLE **XXX CFO/D** ☐ DELETE
NAME **SIMPSON, WENDY L**
STREET ADDRESS **6600 W CHARLESTON, #118**
CITY-STATE-ZIP **LAS VEGAS NV 89102**

TITLE **S** ☒ DELETE
NAME **STAINES, MORGAN L/ RONALD L. OOLEY**
STREET ADDRESS **6600 W CHARLESTON, #118**
CITY-STATE-ZIP **LAS VEGAS NV 89102**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **DAVID L. DENNIS**
1.3 STREET ADDRESS **322 Nineteenth Street**
1.4 CITY-STATE-ZIP **Santa Monica, CA, 90402**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DANA L. SHIRES, JR., M.D.**
2.3 STREET ADDRESS **2111 Swann Avenue**
2.4 CITY-STATE-ZIP **Tampa, FL, 33606**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **DAVID A. WAKEFIELD**
3.3 STREET ADDRESS **Priory Lane, Roehampton**
3.4 CITY-STATE-ZIP **London, England, UK SW15 -5JJ**

4.1 TITLE **President** ☐ Change ☒ Addition
4.2 NAME **WILLIAM HALE**
4.3 STREET ADDRESS **24502 Pacific Park Drive, 3rd Flr.**
4.4 CITY-STATE-ZIP **Laguna Hills, CA, 92656**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE:

Ronald L. Ooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD L. OOLEY

02/15/96

(702) 259-3600

Date

Daytime Phone

CR2E034 (12/95)