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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| FLORIDA HOSPITAL PROPERTIES, INC. incipal Place of Business 6600 W CHARLESTON SUITE 118 LAS VEGAS NV 89102 Mailing Address 6600 W CHARLESTON SUITE 118 LAS VEGAS NV 89102 | | | | | | | | | |
|---|---|--|--|--|--|--|----------------------|--|---|
| US | | | US | • | | 3. Date Incorporated or Qualified 12/19/1979 | | ate of Last f 02/20/19 | |
| Principal | Place of Busin | ess | 2a. Mailing Address | | | 4. FEt Number | -L | 1 | Applied For |
| Suite An | t. #. etc | | Suite, Apt. #, etc. | | | 95-3764551 | | 60.7 | Not Applicab |
| | iite, Apt. #, etc. | | 27 | | | 5. Certificate of Status Desired | X) | | 5 Additional Required |
| ⊃ty & Sta | ate | | Oity & State | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| /φ | | Country 25 | Zip 29 | Gour | ntry | 8. This corporation has liability for Florida Statutes | intangible | | |
| | 9. Name | and Address of Curre | | 1301 | ······································ | 10. Name and Address of New R | _ | d Agent | |
| | | | | | 81 Name | | | - | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | vie) | | |
| | | | | | | | | | |
| PLAN | IAHON FL 3 | 33324 | | | 83 | | | | |
| | | | | ļ | 84 City | | | 85 Z | ip Code |
| Pursuan | t to the provis | ons of Sections 607,050 | 2 and 607,1508. Florida State | ites, the abov | | oration submits this statement for the pur | F | | registered off |
| or regist | Al . | | and the second of the second of | izeu by ine ci | orporation's bo | oard of directors. I hereby accept the appoint | ointment a | as registore | d agent. I am |
| | | or printed frame of registered agen | taile title if applicable (f) | | | oration submits this statement for the pur vard of directors. I hereby accept the appoint and when renstating | DATE | | · · · · · · · · · · · · · · · · · · · |
| | Signature typeol | or printed frame of registered agen | and toe diapplicable (h ID DIRECTORS | IOTE Registered / | Agent signature re pii | rod when renstating: ADDITIONS/CHANGES TO OFF | DATE | ID DIRECTO | ORS IN 12 |
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SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/96

(702)259-3600

Daytime Phone It