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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

0600 W CHARLESTON
SUITE 118
LAS VEGAS NV 89102
US

Mailing Address

0600 W CHARLESTON
SUITE 118
LAS VEGAS NV 89102 1007
US



2. Principal Place of Business

21 5110 West Sahara Ave.

Suite, Apt. #, etc.

22 --

City & State

23 Las Vegas, Nevada

Zip

24 89102

Country

25 USA

2a. Mailing Address

26 5110 West Sahara Ave.

Suite, Apt. #, etc.

27 --

City & State

28 Las Vegas, Nevada

Zip

29 89102

Country

30 USA

3. Date Incorporated or Qualified

12/19/1979

3a. Date of Last Report

02/27/1996

4. FEI Number

95-3764551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

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

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LINDHEIMER, JACK H
STREET ADDRESS 4519 N ROSEMEAD BLVD
CITY-ST-ZIP ROSEMEAD, CA 91770

TITLE CEO ☐ DELETE

NAME CONTE, RICHARD L.
STREET ADDRESS 0600 W CHARLESTON, #118 -
CITY-ST-ZIP LAS VEGAS NV -

TITLE D ☐ DELETE

NAME FLEISCHMANN, HARTLY-
STREET ADDRESS 850 CALIFORNIA ST, STE 2550
CITY-ST-ZIP SAN FRANCISCO, CA 00000

TITLE D ☐ DELETE

NAME THOMAS, ROBERT L
STREET ADDRESS 1144 MAINSAIL Drive
CITY-ST-ZIP ANNAPOLIS MD 21403

TITLE CFOD ☐ DELETE

NAME SIMPSON, WENDY L
STREET ADDRESS 0600 W CHARLESTON, #118
CITY-ST-ZIP LAS VEGAS NV -

TITLE S ☐ DELETE

NAME GOLEY, RONALD L
STREET ADDRESS 0600 W CHARLESTON, #118
CITY-ST-ZIP LAS VEGAS NV -

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5110 West Sahara Avenue
Las Vegas, NV, 89102

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Director
Shires, Dana L., Jr., M.D.
2111 Swann Avenue
Tampa, FL, 33606

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1144 Mainsail Drive
Annapolis, MD, 21403

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5110 West Sahara Avenue
Las Vegas, NV, 89102

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary
Kopta, Julia
5110 West Sahara Avenue
Las Vegas, NV, 89102

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA KOPTA, Secretary

4/10/97

Date

(702) 257-3600

Daytime Phone #

CR2E034 (9/96)