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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701745 (2)

1. Corporation Name

JFK MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462	5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1960
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-0812783 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

MCNICHOLAS, ANTHONY J.
STEPHENS, LYNN, KLEIN & MCNICHOLAS
515 N. FLAGLER DRIVE, SUITE 1600
WEST PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CT~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~MCGILL, JEANETTE~~	1.2 NAME		
STREET ADDRESS	~~2135 S CONGRESS AVE.~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~W PALM BEACH FL~~	1.4 CITY-ST-ZIP		
TITLE	PT	2.1 TITLE		☒ Change ☐ Addition
NAME	~~GANGER, WILLIAM~~	2.2 NAME	Richard C. Cascio	
STREET ADDRESS	5301 S CONGRESS AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP		
TITLE	~~VCT~~	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BROCK, HERBERT	3.2 NAME		
STREET ADDRESS	1551 FORUM PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VCT	4.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, JAMES E JR.	4.2 NAME		
STREET ADDRESS	255 S. COUNTY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	~~CT~~	5.1 TITLE	CT	☒ Change ☐ Addition
NAME	MCNICHOLAS, ANTHONY	5.2 NAME		
STREET ADDRESS	515 N. FLAGLER DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, WILLIAM	6.2 NAME		
STREET ADDRESS	1601 BELVEDERE ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Cascio 3/8/95 (407) 642-3791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard C. Cascio, President

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701745

JFK Medical Center, Inc. Board of Trustees (Continued)
Document # 701745 (2)

T
Arrascue, Jose, M.D.
107 B JFK Drive
Atlantis, FL 33462

T
Gershwin, Randy, M.D.
3898 Via Poinciana Drive
Lake Worth, FL 33467

ST
Winokur, Paul, M.D.
3472 Forest Hill Blvd.
West Palm Beach, FL 33406

VCT
Levin, Stephen
446 North Lake Way
Palm Beach, FL 33480

T
Falk, Marshall, M.D.
3120 S. Ocean Blvd.
Palm Beach, FL 33480

T
Moore, Stephen
5757 Lake Worth Road
Greenacres, FL 33463

T
Kintz, James
190 Atlantis Blvd.
Atlantis, FL 33462

T
James, Keith
777 S. Flagler Drive
West Palm Beach, FL 33401