

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 701745 (2)

1. Corporation Name

JFK MEDICAL CENTER, INC.

Principal Place of Business

5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462

Mailing Address

5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462



3. Date Incorporated or Qualified
12/01/1960

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 505 South Flagler Drive

26 505 South Flagler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1460

27 Suite 1460

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip Country

Zip Country

24 33401

25 U.S.A.

29 33401

30 U.S.A.

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

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

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

4/25/96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	CASCIO, RICHARD C.
STREET ADDRESS	5301 S CONGRESS AVE
CITY-ST-ZIP	ATLANTIS FL
TITLE	T
NAME	BROCK, HERBERT
STREET ADDRESS	1551 FORUM PLACE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VCT
NAME	MORGAN, JAMES E JR.
STREET ADDRESS	255 S. COUNTY ROAD
CITY-ST-ZIP	PALM BEACH FL
TITLE	CT
NAME	MCNICHOLAS, ANTHONY
STREET ADDRESS	515 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	T
NAME	MEYER, WILLIAM
STREET ADDRESS	1601 BELVEDERE ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VCST
1.2 NAME	Levin, Stephen A.
1.3 STREET ADDRESS	350 Royal Poinciana Way, Suite 322B
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	T
2.2 NAME	Moore, Stephen C.
2.3 STREET ADDRESS	5757 Lake Worth Road
2.4 CITY-ST-ZIP	Greenacres, FL 33462
3.1 TITLE	VCIT
3.2 NAME	Morgan, James Jr.
3.3 STREET ADDRESS	255 South County Road
3.4 CITY-ST-ZIP	Palm Beach, FL 33480
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

407-832-7497

Date

Daytime Phone #

CR2E037 (12/95)