

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:47

DOCUMENT # 704612 (1)  
1. Corporation Name

BOCA RATON COMMUNITY HOSPITAL, INC.

Principal Place of Business Mailing Address  
800 MEADOWS ROAD 800 MEADOWS ROAD  
BOCA RATON FL 33486-2304 BOCA RATON FL 33486-2304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/27/1962</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>59-1006663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**GUTZEIT, VONNIE LOU  
BOCA RATON COMMUNITY HOSPITAL, INC.  
800 MEADOWS ROAD  
BOCA RATON FL 33432**

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 the if applicable. (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	BLUM, PETER
STREET ADDRESS	1890 SOUTH OCEAN BLVD.
CITY-ST-ZIP	MANALAPAN FL
TITLE	PD
NAME	WEST, D. NAT
STREET ADDRESS	1961 NW 25TH ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	WARGO, J. DONALD, M.D.
STREET ADDRESS	900 SPANISH RIVER BLVD E
CITY-ST-ZIP	BOCA RATON FL
TITLE	VT
NAME	MC GIBANY, SUSIE
STREET ADDRESS	5592 FOX HOLLOW DRIVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	V
NAME	PIERCE, RANDOLPH
STREET ADDRESS	22126 APPLETON DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *Susie McGibany* *Susie McGibany* 02-14-95 407-393-4030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)