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
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705336 (6)

1. Corporation Name
VENICE HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
540 THE RIALTO VENICE FL 34285	540 THE RIALTO VENICE FL 34285

3. Date Incorporated or Qualified: 03/15/1963
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-0668991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

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
GIBBONS, G H 1750 RINGLING BLVD. SARASOTA FL 34236	81 Name: Jon Preiksat 82 Street Address (P.O. Box Number is Not Acceptable): Venice Hospital, Inc. 83: 540 The Rialto 84 City: Venice FL 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Jon Preiksat — Registered Agent — 5/5/95
JON PREIKSAT (Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	VC	☐ Change ☒ Addition
NAME	WILCOX, JUDITH H	1.2 NAME	Stephen L. Harner	
STREET ADDRESS	324 SUNRISE DR	1.3 STREET ADDRESS	615 Valencia Road	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	PD	2.1 TITLE	DT	☐ Change ☒ Addition
NAME	NORMAN, JACK A.	2.2 NAME	Jack Meyerhoff	
STREET ADDRESS	540 THE RIALTO.	2.3 STREET ADDRESS	P.O. Box 1326	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Nokomis, FL 34274	
TITLE	DC	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WILCOX, JUDITH H	3.2 NAME	Parlane J. Reid, M.D.	
STREET ADDRESS	324 SUNRISE DR.	3.3 STREET ADDRESS	1111 Avenida del Circo	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	DS	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HIGEL, RONALD W DDS	4.2 NAME	Joseph G. Thro, M.D.	
STREET ADDRESS	145 E. MIAMI AVE.	4.3 STREET ADDRESS	530 Nokomis Ave. South, Suite 8	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Venice, FL 34285	
TITLE	DT	5.1 TITLE	VC	☒ Change ☐ Addition
NAME	HOUGH, D G	5.2 NAME	HOUGH, D.G.	
STREET ADDRESS	P.O. BOX 1806	5.3 STREET ADDRESS	P.O. Box 1806	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice, FL 34284	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MOSS, ROBERT E MD	6.2 NAME	Stephen V. Orman, M.D.	
STREET ADDRESS	219 PALMERMO PALM	6.3 STREET ADDRESS	901 S. Tamiami Trail	
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	Venice, FL 34285	

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: Jon Preiksat — 5/5/95 — (813) 483-7871
JON PREIKSAT (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

0044316

705-336

VENICE HOSPITAL, INC.

Title:	D	Addition
Name:	Charles Riall	
Street Address:	1200 Tarpon Center Dr., Apt 108	
City, ST-Zip	Venice, FL 34285	
Title:	D	Addition
Name:	Frederick Strammer, DDS	
Street Address:	2210 Casey Key Road	
City, ST-Zip:	Nokomis, FL 34275	
Title:	D	Addition
Nave:	J. Samuel Booth	
Street Address:	127 Inlets Boulevard	
City,ST-Zip	Nokomis, FL 34275	
Title:	D	Addition
Name:	Beth Harrison	
Street Address:	333 Indiana Avenue	
City,ST-Zip	Englewood, FL 34223	
Title:	D	Addition
Name:	Jamie Killorin, CPA	
Street Address:	601 Harbor Drive South	
City, ST-Zip	Venice, FL 34285	
Title:	D	Addition
Name:	V.L. Miller	
Street Address:	333 The Esplanade, North #301	
City,ST-Zip	Venice, FL 34285	
Title:	D	No longer on the Board
Name:	Robert E. Moss, MD	
Street Address:	219 Palmermo Palm	
City,ST-Zip:	Venice, FL	
Title:	D	Addition
Name:	Norman L. Ross, MD	
Street Address:	530 S. Nokomis Ave	
City, ST-Zip	Venice, FL 34285	
Title:	D	Addition
Name:	Sharon Wilkin	
Street Address:	1833 Raintree Lane	
City, ST-Zip	Venice, FL 34293	
Title:	HD	Addition
Name:	Mary F. York	
Street Address:	P.O. Box 1605	
City, ST-Zip	Nokomis, FL 34274	