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 APR 10 PM 12:21

DOCUMENT # **706857** **(0)**

1. Corporation Name
RIVERSIDE HOSPITAL

Principal Place of Business	Mailing Address
2033 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4493	2033 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4493

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1964
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0306605 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

GRIMM, WENDY S
1801 BARRS ST., STE. 5747
JACKSONVILLE FL 32204

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, MARGARET	1.2 NAME	
STREET ADDRESS	1801 BARRS STREE, SUIE 5747	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEVANEY, EVERETT M	2.2 NAME	
STREET ADDRESS	1801 BARRS ST., STE. 5747	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	WISNIEWSKI, SISTER D.	3.2 NAME	
STREET ADDRESS	1800 BARRS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	☐ Change ☐ Addition
NAME	EISENBERGER, SISTER E	4.2 NAME	
STREET ADDRESS	1800 BARRS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	YETTER, SISTER M	5.2 NAME	
STREET ADDRESS	1800 BARRS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	~~AT~~	6.1 TITLE	AT ☒ Change ☐ Addition
NAME	~~JOHNSON, HERBERT D~~	6.2 NAME	Dvorak, Robert M.
STREET ADDRESS	~~1801 BARRS ST., STE. 5747~~	6.3 STREET ADDRESS	1801 Barrs Street
CITY-ST-ZIP	~~JACKSONVILLE FL~~	6.4 CITY-ST-ZIP	Jacksonville, FL 32204

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: Everett M. Devaney, FACHE, President/CEO 904/387-7492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

706857

1995 CORPORATION ANNUAL REPORT
RIVERSIDE HOSPITAL
DOCUMENT #706857
PAGE 2

#12. Officers and Directors (continued):

D
GILMAN, SISTER GLORIA
1800 Barrs Street
Jacksonville, FL 32204

D
ANDERSON, GEORGE, M.D.
1800 Barrs Street
Jacksonville, FL 32204

D
BURPEE, A. LELAND
1800 Barrs Street
Jacksonville, FL 32204