

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 708122

1. Corporation Name

HEART OF FLORIDA HOSPITAL ASSOCIATION, INC.

Principal Place of Business 310 S 10TH ST 7722 S R 544 EAST WINTER HAVEN FL 33881

2. Principal Place of Business

7722 S.R. 544 East

Mailing Address

P O 80X 188 HAINES CITY FL 33845

2a. Mailing Address

26 P.O. Box 188

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90046 029 \*\*\*\*61.25

| -   <u>                                   </u> | RID IIDI BIBI BIBI BIBI BIBI BIBI BIBI B |
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3. Date Incorporated or Qualifed

11/17/1964

| Suite, Apt. :  | #, etc.                          | Suite, Apt. #, etc.                   |                           |                  | 4. FEI Number  | Apr                 | nied For      |  |  |
|--|----------------------------------|---------------------------------------|---------------------------|------------------|--|---------------------|---------------|--|--|
| 22   |                                  | 27                                    |                           | <del></del>      | 59-1097573   | Not                 | Applicable_   |  |  |
| City & State   | 3                                | City & State                          |                           |                  | 5. Certifcate of Status Desired                          | \$8.75 A            |               |  |  |
| 23 Winte   | r Haven, FL                      | 28 Haines City, E                     | Haines City, FL           |                  | 3. Certificate of Citatus Session                        | Fee Rec             | quired        |  |  |
| Zip  | Country                          | <b>└</b>                              | Zip Country               |                  | 6. Election Campaign Financing                           | \$5.00 (            |               |  |  |
| 33881  | 25 USA                           | 29 33845 30                           | USA                       |                  | Trust Fund Contribution                                  | Added to            | Fees          |  |  |
|  | 9. Name and Address of Current I | Registered Agent                      |                           |                  | 10. Name and Address of New Registere                    | d Agent             |               |  |  |
|  |                                  |                                       | 81                        | Name             |  |                     |               |  |  |
| CAREFOOT, GEORGE H   |                                  |                                       | 82                        | Street Add       | fress (P.O. Box Number is Not Acceptable)                |                     |               |  |  |
| 7722 S R 544 EAST  |                                  |                                       |                           |                  |  |                     |               |  |  |
| WINTER HAVEN FL 33881  |                                  |                                       | 83                        |                  |  |                     |               |  |  |
|  |                                  |                                       | 84                        | City             |  | . 85 Zip C          | ode           |  |  |
|  | 1                                |                                       |                           | •                | F  | LII                 |               |  |  |
| 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 |                                  |                                       |                           |                  |  |                     |               |  |  |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  |                                  |                                       |                           |                  |  |                     |               |  |  |
| SIGNATURE Thought (and , George H. Carefoot, Treasurer 02/16/99  |                                  |                                       |                           |                  |  |                     |               |  |  |
|  |                                  |                                       | - <del></del>             | signature requir | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIDECTOR        | DE IN 12      |  |  |
| 12.  | OFFICERS AND                     |                                       | 13.                       |                  | T/D  | Change              | Addition      |  |  |
| TITLE  | CT ISAN                          |                                       |                           |                  | •  |                     | A             |  |  |
| NAME   | PRATT, JEAN                      | 1.2 NA                                |                           | I                | George H. Carefoot                                       |                     |               |  |  |
| STREET ADDRESS   | 101 FAIRWAY DRIVE                |                                       |                           |                  | 313 Hamilton Shore Dr., N                                | .E.                 | ŀ             |  |  |
| CITY-ST-ZIP  | HAINES CITY FL                   |                                       | 1.4 CITY-ST<br>2.1 TITLE  |                  | Winter Haven, FL 33881                                   | Change              | Addition      |  |  |
| TITLE  | I AND THE SAME                   |                                       |                           |                  | C/D  | Gridingo            | X             |  |  |
| NAME   | WHITE, JAMES                     | 2.2 NA                                |                           | I .              | Ralph Stalnaker  |                     |               |  |  |
| STREET ADDRESS   | POST OFFICE BOX 1484             |                                       | 2.3 STREET                |                  | 15 Canterbury Dr.<br>Haines City FL 33844                |                     | i             |  |  |
| CITY-ST-ZIP  | HAINES CITY FL                   |                                       | 2. 4 CITY-ST<br>3.1 TITLE |                  | S/D  | Change              | Addition      |  |  |
| TITLE  | _                                |                                       |                           | <b>I</b>         |  |                     | A             |  |  |
| NAME   | DEWELL, JOHN (JUDGE)             |                                       | 3.2 NAME                  | I .              | Mary A. Davis  |                     |               |  |  |
| STREET ADDRESS   | 913 HILL DRIVE                   |                                       | 3.3 STREET                |                  | 309 S. 14th Street                                       |                     | }             |  |  |
| CITY-ST-ZIP  |                                  |                                       | 3.4. CITY-ST<br>4.1 TITLE |                  | Haines City, FL 33844                                    | ☐ Change            | Addition      |  |  |
| TITLE  |                                  |                                       |                           | 1                | D<br>Error on C. Dimens                                  |                     | -X            |  |  |
| NAME   | PRATT, JEAN                      |                                       | 4. 2 NAME                 | <b>I</b>         | Ernest S. Pinner   |                     | }             |  |  |
| STREET ADDRESS   | 101 FAIRWAY DR                   |                                       | 4.3 STREET                |                  | 54 Pine Forest Drive                                     |                     | Ì             |  |  |
| CITY-ST-ZIP  |                                  |                                       | 4.4 CITY-ST<br>5.1 TITLE  |                  | Haines City, FL 33844                                    | ☐ Change            | ▼ Addition    |  |  |
| TITLE  |                                  |                                       | 5.1 IIILE<br>5.2 NAME     |                  | D<br>William Holt  |                     | A_I - LOGILON |  |  |
| NAME   | TYTHE, JAMES                     |                                       | 5.3 STREET                |                  | ··   |                     |               |  |  |
| STREET ADDRESS   | P O BOX 1484 N/A                 |                                       | 5.4 CITY-ST               |                  | 133 Arrowhead Lane                                       |                     |               |  |  |
| CITY-ST-ZIP  | HAINES CITY FL 33845             | S CITY FL 33845 5.4€ 6.17 DELETE 6.17 |                           | -ur ]            | Haines City, FL 33844                                    | ☐ Change            | Addition      |  |  |
| TITLE  | DENTELL NOUN I                   | OLCCIL                                | 6.2 NAME                  |                  |  |                     |               |  |  |
| NAME   | DEWELL, JOHN J                   |                                       | 6.3 STREET                | ADDOESS          |  |                     |               |  |  |
| STREET ADDRESS   | 913 HILL DR                      |                                       |                           |                  |  |                     | Ì             |  |  |
| CITY-ST-ZIP  | HAINES CITY FL 33844             | this filling does not qualify for the | 6.4 CITY-ST               |                  | Section 440 07/3)/i) Florida Statutos I further          | andific that the in |               |  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated on this annual report of 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 chapter on an attacknown with an address, with all other like empowered.

SIGNATURE:

Treasurer 02/16/99

<u>(941)422-8990</u>