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 23 PM 3:33

DOCUMENT # 709608 (4)

1. Corporation Name

RAINBOW LAKES HOSPITAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2095 SW IVY PL DUNNELLON FL 34431 US	BRANCH P.O. BOX 320007 DUNNELLON FL 34431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1965
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2156790 ☐ 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 — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

CALVERLEY THOMAS
20176 SW AUDUBON AVE
DUNNELLON FL 34431

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	☐ Change	☒ Addition
NAME	CALVERLEY, THOMAS	12 NAME		
STREET ADDRESS	20176 SW AUDUBON AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	14 [redacted] ZIP	34431	
TITLE	P	21 TITLE	☐ Change	☒ Addition
NAME	RHODES, DONNA	22 NAME		
STREET ADDRESS	31439 SW PLANTATION	23 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	24 [redacted] ZIP	34431	
TITLE	VPD	31 TITLE	☐ Change	☒ Addition
NAME	PARMELEE, CHARLES	32 NAME		
STREET ADDRESS	4333 SW HYACINTH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	34 [redacted] ZIP	34431	
TITLE	S	41 TITLE	☐ Change	☒ Addition
NAME	MALLOY, WINNIE	42 NAME		
STREET ADDRESS	3429 SW POMPANO	43 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	44 [redacted] ZIP	34431	
TITLE	D	51 TITLE	☐ Change	☒ Addition
NAME	LYCHAKO, WALTER	52 NAME		
STREET ADDRESS	21428 SW RAINTREE ST.	53 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	54 [redacted] ZIP	34431	
TITLE	D	61 TITLE	☐ Change	☒ Addition
NAME	TOWER, HAROLD	62 NAME		
STREET ADDRESS	213 SW HONEYSUCKLE	63 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	64 [redacted] ZIP	34431	

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: Thomas Calverley — 2-12-95 — 904-489-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS CALVERLEY

0044730