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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709608 (4)

1. Corporation Name

RAINBOW LAKES HOSPITAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2085 SW IVY PL.
DUNNELLON FL 34431
USBRANCH P.O. BOX 320007
DUNNELLON FL 34432-0007
US3. Date Incorporated or Qualified
09/17/19653a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVERLEY THOMAS
20176 SW AUDUBON AVE
DUNNELLON FL 34431

81 Name

WILLIAM TURNER

82 Street Address (P.O. Box Number is Not Acceptable)

4655 SW KERRIN CT.

83

84

City DUNNELLON,

FL

85

Zip Code 34431

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE WILLIAM TURNER, PRESIDENT

X. William Turner

Signature, typed or printed 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	V	<input checked="" type="checkbox"/> DELETE
NAME	CALVERLEY, THOMAS	
STREET ADDRESS	20176 SW AUDUBON AVE.	
CITY-ST-ZIP	DUNNELLON FL 33431	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM TURNER	
1.3 STREET ADDRESS	4655 SW KERRIN CT	
1.4 CITY-ST-ZIP	DUNNELLON, FL. 34431	

TITLE	(P)	<input type="checkbox"/> DELETE
NAME	RHODES, DONNA	
STREET ADDRESS	31439 SW PLANTATION	
CITY-ST-ZIP	DUNNELLON FL 33431	

2.1 TITLE	(V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RHODES, DONNA	
2.3 STREET ADDRESS	31439 SW PLANTATION	
2.4 CITY-ST-ZIP	DUNNELLON, FL.	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARMELEE, CHARLES	
STREET ADDRESS	4333 SW HYACINTH ST.	
CITY-ST-ZIP	DUNNELLON FL 33431	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> DELETE
NAME	MALLOY, WINNIE	
STREET ADDRESS	3429 SW POMPANO	
CITY-ST-ZIP	DUNNELLON FL 33431	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	LYCHAKO, WALTER	
STREET ADDRESS	21428 SW RAIN TREE ST.	
CITY-ST-ZIP	DUNNELLON FL 33431	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNER, HAROLD	
STREET ADDRESS	21300 SW HONEYSUCKLE	
CITY-ST-ZIP	DUNNELLON FL 33431	

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 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: William Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066096

CP2E037 (9/96)