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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712822** **(6)**

1. Corporation Name

WINTER PARK MEMORIAL HOSPITAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2111 GLENWOOD DR. SUITE 202 WINTER PARK FL 32792 US	2111 GLENWOOD DR. SUITE 202 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1967
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-0669460 ☐ 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 1870 Aloma Avenue	26 P.O Box 2647
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Winter Park, Florida	City & State 28 Winter Park, Florida
Zip / Country 24 32789 / 25 U.S.	Zip / Country 29 32790-2647 / 30 U.S.

9. Name and Address of Current Registered Agent

ASHMORE, PATRICIA M.
2111 GLENWOOD DR.
SUITE 202
WINTER PK FL 32792

10. Name and Address of New Registered Agent

81 Name: Patricia M. Ashmore
82 Street Address (P.O. Box Number is Not Acceptable): 1870 Aloma Avenue,
83 Suite 200
84 City: Winter Park **FL** 85 Zip Code: 32789

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: Patricia M. Ashmore Patricia M. Ashmore, President 4/26/95
(If changing, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, JAMES T. JR.	12 NAME	
STREET ADDRESS	1031 W. MORSE BLVD. #300	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SWEDISH, JOSEPH R.	22 NAME	
STREET ADDRESS	200 NORTH LAKEMONT AVE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	PD ☒ Change ☐ Addition
NAME	ASHMORE, PATRICIA M.	32 NAME	Patricia M. Ashmore
STREET ADDRESS	2111 GLENWOOD DR., SUITE 202	33 STREET ADDRESS	1870 Aloma Avenue, Suite 200
CITY-ST-ZIP	WINTER PARK FL 32792	34 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	BUILDER, J. LINDSAY JR.	42 NAME	
STREET ADDRESS	390 N. ORANGE AVE., SUITE 1300	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TSD ☒ Change ☐ Addition
NAME	EVANS, DAVID L.	52 NAME	David L. Evans
STREET ADDRESS	100 BROADWAY	53 STREET ADDRESS	100 Broadway
CITY-ST-ZIP	OVIEDO FL	54 CITY-ST-ZIP	Oviedo, FL 32765
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Patricia M. Ashmore Patricia M. Ashmore, Pres. 4/25/95 (407)644 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032870