

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
IF NOT ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

2 359 063 608

DOCUMENT # 712822 (6)

1. Corporation Name

WINTER PARK MEMORIAL HOSPITAL ASSOCIATION, INC.

Principal Place of Business

1870 ALOMA DR
SUITE 200
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2647
SUITE 202
WINTER PARK FL 32790-2647
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1967		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0669460		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ASHMORE, PATRICIA M.
1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 *Patricia M. Ashmore* PATRICIA M. ASHMORE, PRES.

6/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
(NOTE: Registered Agent signature required when reinstating)		DATE	
TITLE	D	1.1 TITLE	CD
NAME	BARNES, JAMES T. JR.	1.2 NAME	JAMES T. BARNES, JR.
STREET ADDRESS	1031 W. MORSE BLVD. #300	1.3 STREET ADDRESS	1031 W. MORSE BLVD., #300
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D	2.1 TITLE	
NAME	SWEDISH, JOSEPH R.	2.2 NAME	
STREET ADDRESS	200 NORTH LAKEMONT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	ASHMORE, PATRICIA M.	3.2 NAME	
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	D
NAME	BUILDER, J. LINDSAY JR.	4.2 NAME	KAREN L. WRENN
STREET ADDRESS	390 N. ORANGE AVE., SUITE 1300	4.3 STREET ADDRESS	118 E. JEFFERSON ST.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TSD	5.1 TITLE	TSD
NAME	EVANS, DAVID L.	5.2 NAME	J. WAYNE JONES
STREET ADDRESS	100 BROADWAY	5.3 STREET ADDRESS	761 PINE TREE ROAD
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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.

Date

6/17/96

Daytime Phone #

(407) 644-2300

CR2E037 (3/96)