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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712822

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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/26/1967
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0669460
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

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
FL 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

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	VD	1.1 TITLE	CD
NAME	GRAMMAR, LESLIE C. J.	1.2 NAME	Grammer, Leslie C. Jr.
STREET ADDRESS	333 TRISMEN TERRACE	1.3 STREET ADDRESS	333 Trismen Terrace
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	PD	2.1 TITLE	
NAME	ASHMORE, PATRICIA M.	2.2 NAME	
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	VD
NAME	WRENN, KAREN L.	3.2 NAME	Yochum, Thomas H.
STREET ADDRESS	118 E JEFFERSON ST	3.3 STREET ADDRESS	1131 Via Lugano
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	TSD	4.1 TITLE	TSD
NAME	POOLE, MICHAEL	4.2 NAME	Seymour, Thaddeus
STREET ADDRESS	222 W. COMSTOCK AVE., #200	4.3 STREET ADDRESS	1350 College Point
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Patricia M. Ashmore
President

1/11/99 407/644-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)