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

APPROVED AND FILED

95 APR 19 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715418** **(0)**

1. Corporation Name

MEMORIAL SPECIALTY HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4901 RICHARD ST JACKSONVILLE FL 32207-7399 US	3627 UNIVERSITY BLVD. SOUTH STE. 810 JACKSONVILLE FL 32207-7399 US

3. Date Incorporated or Qualified: 10/16/1968
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-1269021 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 840
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32216 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH M. KAMI 3627 UNIVERSITY BLVD., SOUTH STE. 810 JACKSONVILLE FL 32216	01 Name: Geiger, Allan T. 02 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1500 03: Rogers, Towers, Bailey, Jones & Gay 04 City: Jacksonville FL 05 Zip Code: 32207

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: _____ 3/29/95
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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	CUSICK, PATRICK W.	1.2 NAME		
STREET ADDRESS	6743 SOUTHPOINT DRIVE NORTH	1.3 STREET ADDRESS	10378 Deerwood Club Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	FIELDS, ZACHARY R.	2.2 NAME		
STREET ADDRESS	4209 BAYMEADOWS ROAD #3	2.3 STREET ADDRESS	4020 Turnberry Ct.	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ABATE, ANDREW M.	3.2 NAME		
STREET ADDRESS	134 NANDINA CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	KARSNER, GARRY	4.2 NAME		
STREET ADDRESS	4901 RICHARD ST	4.3 STREET ADDRESS	3627 University Blvd., Suite 810	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, J. BROOKS	5.2 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD., SOUTH #840	5.3 STREET ADDRESS	3627 University Blvd., S., Suite #830	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, CHARLES R.	6.2 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. SOUTH, #810	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: _____ 4/5/95 904-391-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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