

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721196 (4)

1. Corporation Name

FLORIDA LEAGUE OF HOSPITALS, INC.

Principal Place of Business

Mailing Address

FIRST FLBANK, STE. 305
315
TALLAHASSEE FL 32301
US

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315
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/21/1971 3a. Date of Last Report 04/21/1994
4. FFI Number 59-1647436 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
21 215 S. Monroe Street 26 215 S. Monroe Street
Suite, Apt #, etc Suite, Apt #, etc
22 Suite 315 27 Suite 315
City & State City & State
23 Tallahassee, FL 28 Tallahassee, FL
Zip City Zip City
24 32301 25 US 29 32301 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLATFELTER, RALPH
FIRST FLBANK, STE. 305
TALLAHASSEE FL 32301

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 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 Ralph Glatfelter President April 28, 1995
(Signature of agent or registered agent and the filer only) (Date) (Signature of agent or registered agent and the filer only) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HENTHORNE, KEITH	12 NAME	
STREET ADDRESS	2901 SWAN AVE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	UPTON, TERRY	22 NAME	TD
STREET ADDRESS	1431 SE FIRST AVE	23 STREET ADDRESS	Upton, Terry
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	1431 SE First Avenue
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	GLATFELTER, RALPH	32 NAME	
STREET ADDRESS	215 S MONROE ST, STE 315	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 00000	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	FLEETWOOD, JIM	42 NAME	CD
STREET ADDRESS	4525 HARDING RD	43 STREET ADDRESS	Fleetwood, Jim
CITY ST ZIP	NASHVILLE TN	44 CITY ST ZIP	3267 University Blvd., South
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	AANONSON, MARK	52 NAME	
STREET ADDRESS	700 W OAK	53 STREET ADDRESS	
CITY ST ZIP	KISSIMEE FL	54 CITY ST ZIP	
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(4)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

224-9407
Telephone Number