

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721196 (4)

1. Corporation Name

FLORIDA LEAGUE OF HOSPITALS, INC.



Principal Place of Business

Mailing Address

215 S MONROE ST
SUITE 315
TALLAHASSEE FL 32301
US

215 S MONROE ST
SUITE 315
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified
06/21/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI 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

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

**GLATFELTER, RALPH
FIRST FL BANK, STE. 305
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

215 S. Monroe Street.

83 Suite 315

84 City
Tallahassee

FL 85 Zip Code
32301

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 ☒ DELETE

NAME
CD HENTHORNE, KEITH
STREET ADDRESS
2901 SWAN AVE
CITY-ST-ZIP
TAMPA FL

1.1 TITLE ☒ Change ☐ Addition

NAME
CD Jim Fleetwood
1.2 NAME
7975 NW 154th St., #400A
1.3 STREET ADDRESS
Miami Lakes, FL 33016
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
TD UPTON, TERRY
STREET ADDRESS
1431 SE FIRST AVE
CITY-ST-ZIP
OCALA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
P GLATFELTER, RALPH
STREET ADDRESS
215 S MONROE ST, STE 315
CITY-ST-ZIP
TALLAHASSEE, FL 00000

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
CD FLEETWOOD, JIM
STREET ADDRESS
4525 HARDING RD
CITY-ST-ZIP
NASHVILLE TN

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
TD Don Steigman
4.3 STREET ADDRESS
600 W. Cypress Creek Rd, Suite 370
4.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33309

TITLE ☒ DELETE

NAME
CD AANONSON, MARK
STREET ADDRESS
700 W OAK
CITY-ST-ZIP
KISSIMMEE FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
TD Denny DeNarmez
5.3 STREET ADDRESS
6000 W. Oakland Park Blvd.
5.4 CITY-ST-ZIP
Ft. Lauderdale, FL 33313

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)