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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 28 1997 8:00am

Secretary of State

. I IRBAN NADUK MERKAMAN MENEKARUK PINI ARAK BIRAK BIRAK BIRI ANDA ANDA RABK RABK ANDA

Daytime Phone # 0007216

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 721196

1. Corporation Name

(4)

FLORIDA LEAGUE OF HOSPITALS, INC.

FLORIDA LEAGUE OF HEALTH SYSTEMS, INC.

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nncipai Piace	e of Business	Mailing Address							71
S S MONROE	\$T	215 8 MONROE ST							
ITE 315 Llahassee Fl 32301		SUITE 315 TALLAHASSEE FL 32301-1875 US							
						3. Date incorporated or Qualified 06/21/1971	3a. Da	ate of Last F 05/01/19	Report 96
. Principa! Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-1647436			pplied For
		26				38 1047430			ot Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	0	City & State				6. Election Campaign Financing			May Be
		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		untry		8. This corporation has liability for in			s. 1 9 9.032,
	25 9. Name and Address of Current	29 Registered Agent	30	1		Florida Statutes 10. Name and Address of New Reg		No	
	9. Name and Address of Current	Pagistered Agent		81	Name	10. Name and Address of New Reg	is ter so	ж депі	
OI ATEC	TEO DAIGH				Harrie				
GLATFELTER, RALPH				82	82 Street Address (P.O. Box Number is Not Acceptable)				÷.
215 S. MONROE ST. STE. 315									
	ISSEE FL 32301			83					
IALLANA	100CE FL 32301			84	City		FL	85 Zip	Code
. Pursuant-	to the provisions of Sections 617.0502	and 617.1508. Florida Stat	utes, the a	above-	named co	orgonation submits this statement for the pu		f changing	ts registere
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was	authorize	ed by t	the corpor	orporation submits this statement for the privation's board of directors. I hereby accep	t the app	cointment as	registered
	in iaminal with, and accept the obligat	10113 01, 20011011 0 17.0203, 1	TOTIUM OR						
-				10100.					
NATURE .	Stonature, broad or printed name of registered speni		TE: Register			outred when reinstating)	DATE	,	
NATURE .	Signature, typed or printed name of registered agent	and title if applicable (N	OTE: Register	ed Agent		quired when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
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