

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 727924 (3)

1. Corporation Name

MERRITT ISLAND HEALTH AUTHORITY, INC.

Principal Place of Business

5111 ROGERS AVE.
STE. 40-A
FORT SMITH AR 72919-8300

Mailing Address

5111 ROGERS AVE.
STE. 40-A
FORT SMITH AR 72919-8001

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/01/1973

3a. Date of Last Report

05/29/1996

4. FEI Number

23-7412941

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

MCDERMOTT, DANIEL L
1970 MICHIGAN AVE.
BLDG. E
COCOA FL 32922

81 Name

Corporation Service Company

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

1201 Hays Street

83

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

Corporation Service Company, By Brian Courtney

DATE

5/30/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME HOLLINGSWORTH, SCHUYLER III
STREET ADDRESS 5111 ROGERS AVE., STE. 40-A
CITY-ST-ZIP FORT SMITH AR 72919

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Hollingsworth, Schuyler Jr.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DVS
STREET ADDRESS PIETRZAK, JAMES
CITY-ST-ZIP 5111 ROGERS AVE., STE. 40-A
FORT SMITH AR 72919

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS MCDERMOTT, DANIEL L
CITY-ST-ZIP 1970 MICHIGAN AVE., BLDG. E
COCOA FL 32922

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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: Schuyler Hollingsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1997

501-452-6712

Date

Daytime Phone # 501-452-6712

FILED

97 JUN -2 PM 1:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E037 (9/96)