

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 # **733733** (0)

1. Corporation Name

MID-COUNTY MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

**8190 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33411
US**

**901 45TH STREET
WEST PALM BEACH FL 33411
US**

3. Date Incorporated or Qualified
09/03/1975

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 Country

28 Zip Country

24

25

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4. FEI Number

59-1810868

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

**LARCOMBE GOODWIN VALERIE
901 45TH STREET
WEST PALM BEACH FL 33411**

81 Name

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

000001812570

83 **05/08/96--0101--016**

84 City

*****1735.00**

FL

85 Zip Code

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FRENCH, MICHAEL**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **~~COMAS, M. WATOR-SISTER~~**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Valerie Goodwin Larcombe**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MURPHY, MARTIN**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **CD** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **~~TURNLEY, FELICIA~~**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Phil Dutcher**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **~~MUDANO, MARIO~~**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Greg Gardner**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **~~SNYDER, GAYLORD M.~~**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Phyllis Savill**
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

4/30/96 (407) 650-6223
Date Daytime Phone #

CR2E037 (12/95)