

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

8190 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33411
US

Mailing Address

801 45TH STREET
WEST PALM BEACH FL 33407-2413
US3. Date Incorporated or Qualified
09/03/19753a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 Fees8. 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

Valerie G. Larcombe

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

1309 No. Flagler Drive

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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

4-28-97

DATE

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, MICHAEL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MURPHY, MARTIN	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHIL	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARDNER, GREG	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVILL, PHYLLIS	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phillip C. Dutcher
4.3 STREET ADDRESS	901 45th Street
4.4 CITY-ST-ZIP	West Palm Beach, FL 33407

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Frank Nask
5.3 STREET ADDRESS	901 45th Street
5.4 CITY-ST-ZIP	West Palm Beach, FL 33407

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

4-22-97

561-650-6126

Date

Daytime Phone # 0040389

CR2E037 (9/96)