


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 901 45TH STREET WEST PALM BEACH FL 33411 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/03/1975
4. FEI Number 59-1810868
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent LARCOMBE, VALERIE F 1309 N FLAGLER DR WEST PALM BEACH FL 33401
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10. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE **4/30/98**

12. OFFICERS AND DIRECTORS	
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 checked="" type="checkbox"/> DELETE
NAME MURPHY, MARTIN	
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE PD	<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 NASK, FRANK	
STREET ADDRESS 901 45TH STREET	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas McCloskey
2.3 STREET ADDRESS	901 45th Street
2.4 CITY-ST-ZIP	West Palm Beach, FL 33407
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I 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  DATE **4/30/98**

CR2E037 (10/97)