

735-034

Exhibit 32

NP # 735634

0002985331

DAYTONA BEACH HEALTH AUTHORITY, INC.

New Corporation       Reincorporation       Amendment (§617.02)

Filed: Feb. 24, 1976 **EX-PRINCIPAL OFFICE:**  
DAYTONA BEACH, FLA.

2/29/2011  
J.W.

A-660

NAME Frederick B Kurl

ADDRESS P.O. Drawer 229

CITY Tulsa STATE OK ZIP CODE 74104

AREA CODE & PHONE NUMBER 504-224-2546

Dolton Beach Health Refinery Inc  
(NAME OF CORPORATION)

735034  
735034 FE  
SEARCH 36000-30000

FOR OFFICE USE ONLY

DOMESTIC

FOREIGN

PROFIT

NON-PROFIT

LIMITED  
PARTNERSHIP

AMENDMENT

DISSOLUTION

REINSTATEMENT

ANNUAL REPORT

CERTIFICATE  
UNDER SEAL

MERGER

MARK

RESERVATION

CERTIFIED  
COPY

1/1/76  
3/34/76  
JZT

L. FEE	30
M. FEE	3
S. ACT.	5
C. COPY	5
INITIAL	35.00
N. MARK	
BALANCE DUE	
REFUND	

PICKED UP

CORP 76  
1/1/76

APPROVED  
AND  
FILED

FEB 24 4 11 PM 1976

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHICH PROCESS MAY BE SERVED  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT DAYTONA BEACH HEALTH AUTHORITY, INC.  
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,  
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF DAYTONA BEACH,  
(CITY)

STATE OF FLORIDA, HAS NAMED FREDERICK B. KARL,  
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 315 CALHOUN STREET, SUITE 340, BARNETT BANK BUILDING,  
(STREET ADDRESS AND NUMBER OF BUILDING,  
POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF TALLAHASSEE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT  
(CITY)

SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Fredrick B. Karl  
(CORPORATE OFFICER)

TITLE ATTORNEY FOR CORPORATION

DATE FEBRUARY 24, 1976

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Fredrick B. Karl  
(RESIDENT AGENT)

DATE FEBRUARY 24, 1976

ARTICLES OF INCORPORATION  
OF  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
(a non-profit corporation)

REC'D  
FILED  
FEB 24 1975  
FLORIDA CORPORATION, OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, do hereby associate ourselves together for the purpose of forming and becoming a corporation not-for-profit under the following certificate of incorporation:

ARTICLE I  
CORPORATE NAME

The name of this corporation shall be: DAYTONA BEACH HEALTH AUTHORITY, INC. The principal office of the corporation shall be located in the City of Daytona Beach, Florida.

ARTICLE II  
CHARITABLE PURPOSE

WHEREAS, there exists a need within the territorial limits of the City of Daytona Beach, Florida, hereinafter called the "City," for health facilities where persons may be cared for and convalesce from the effects of illness and injury and the infirmities of age, and such need has been certified by the state agency having jurisdiction in such matters; and

WHEREAS, the City is desirous of participating in arrangements whereby such facilities may be made available to its citizens and inhabitants in order to add to their health, security, happiness, usefulness and longer lives:

This corporation is formed on behalf of the City for the purpose of acquiring health facilities of all kinds, and facilities related thereto, to meet the physical, social and psychological needs of the citizens and inhabitants of the State of Florida, particularly those of the City, and to add to their health, security, happiness, usefulness and longer lives, and for the purpose of financing such facilities and making provision for the transfer of all right, title and interest in such facilities to the City upon retirement of the indebtedness incurred by this corporation to finance such acquisition.

H-668  
3-2  
H-2

ARTICLE III  
CORPORATE POWERS

This corporation shall have all the rights, privileges, authority, powers and immunities available to corporations not-for-profit under the Laws of the State of Florida and, without limiting the generality of the foregoing, it shall be empowered by such Laws as follows:

A. To plan, construct, lease, operate, maintain and improve health facilities of all kinds and related facilities and services, including without limiting the generality of such statement, any one or more or combination of hospitals, clinics, nursing and convalescent and retirement homes and facilities for rehabilitation, therapy and recreation, for the purpose of providing any and every type of medical, surgical, dental, therapeutic and psychiatric service, with appurtenant facilities and services including, without limiting the generality thereof, restaurants, cafeterias and food facilities of all kinds, facilities for the sale of drugs, medical supplies, cosmetics and sundries, barber and beauty shops, laundries and dry cleaning facilities, steam and sauna facilities, swimming pools, gymnasiums, libraries and all facilities reasonably related thereto or convenient therefor.

B. To acquire by gift or purchase, or lease, any property, real or personal, necessary or incidental to the provision of health facilities of all kinds and related facilities.

C. With the consent of the City, to sell, convey, assign, pledge, mortgage or otherwise encumber any of the corporation's property, real or personal.

D. To borrow money and make and issue negotiable and non-negotiable notes, bonds, certificates, debentures and other evidences of indebtedness or obligations which shall be authorized by resolution of the Board of Trustees of the corporation and approved by the City, which may bear such date or dates, mature at such time or times, bear interest at such rate or rates not exceeding the legal rate, be in such denomination and form, and be entitled to such priority and lien on the real and personal

property of the corporation and the revenues, rates, fees, rentals or other charges or receipts of the corporation as such resolution or any resolution subsequent thereto may provide. The obligations and any coupons attached thereto shall be executed either by the manual or facsimile signatures of such officers of the corporation as the Board of Trustees shall determine. Such obligations may be sold at either public or private sale at such price and under such conditions as the Board of Trustees of the corporation may determine and the City approve, provided that the net interest cost shall not exceed the legal rate per annum.

E. To apply for, obtain and contract with any Federal agency for a direct loan or loans or other financial aid in the form of mortgage insurance, rent supplement or otherwise for the provision of health facilities of all kinds and related facilities and services for low-income families, elderly persons or others.

F. To engage in any kind of activity, and to enter into, perform and carry out contracts of any kind necessary or in connection with or incidental to the accomplishment of any one or more of the purposes of the corporation.

G. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law or (b) a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law. All of the assets and earnings of the corporation shall be used exclusively for the purposes hereinabove set out, including the payment of expenses incidental thereto. No part of the net earnings shall inure to the benefit of any individual.

A-660  
HC-24

ARTICLE IV  
MEMBERSHIP

The members of the corporation shall be the subscribers to these Articles, and such other persons who may be approved for membership by the Board of Trustees, in such manner as may be prescribed by the By-Laws of this corporation. Should, for any reason, the corporation ever be without members, then the Senior Judge of the Circuit Court of Volusia County, Florida, shall name three (3) members who may thereafter elect other members.

ARTICLE V  
SUBSCRIBERS

The names and addresses of the subscribers of these Articles and of the members of this corporation, are as follows:  
Gary E. Bullard, 514 North Halifax Avenue, Daytona Beach, Florida.  
H. C. Coleman, Jr., 415 Revilo Boulevard, Daytona Beach, Florida.  
Leonard M. Conner, 2 Peninsual Drive, Ormond Beach, Florida.

ARTICLE VI  
TRUSTEES

The affairs and business of the corporation shall be managed by a Board of Trustees of not less than three (3) persons, the exact number of which shall be fixed by the Board of Trustees and set forth in the By-Laws of this corporation. The Board of Trustees shall be elected by the members, unless the By-Laws of the corporation shall provide that the membership shall constitute the Board. The Board shall elect officers of the corporation in accordance with the provisions of the By-Laws of the corporation. In the event of a vacancy on the Board by reason of death, resignation or otherwise, the Board shall be authorized to fill such vacancy, and if after a written request of any member of the corporation that such vacancy be filled, the Board fails or refuses the same for a period of ninety (90) days from the receipt of such notice, then the vacancy shall be filled by the members of the corporation.

The names and addresses o the first Board of Trustees  
are: \*

A-6660  
C-24

Gary E. Bullard, 2 Lynwood Lane, Ormond Beach, Florida,  
32074; H. C. Coleman, Jr., 26 Lynwood Lane, Ormond Beach, Florida,  
32074; and Leonard M. Conner, 721 South Beach Street, Daytona  
Beach, Florida, 32014.

ARTICLE VII  
OFFICERS: REGISTERED AGENT AND REGISTERED OFFICE

The names of the officers who are to manage the affairs  
of the corporation until the first election of officers are:  
Gary E. Bullard, President; Leonard M. Conner, Secretary; H. C.  
Coleman, Jr., Treasurer.

The Registered Agent is Frederick B. Karl, Esquire. The  
Registered Office is Suite 340, Barnett Bank Building, 315 Calhoun  
Street, Post Office Drawer 229, Tallahassee, Florida, 32302.

ARTICLE VIII  
BY-LAWS

The By-Laws of the corporation shall be made, altered  
or rescinded by a majority vote of the Board of Trustees at a  
meeting duly called in accordance with the By-Laws.

ARTICLE IX  
CHARTER AMENDMENTS

Amendments to the Articles of Incorporation shall be  
proposed and adopted by a majority of the Board of Trustees at  
a meeting duly called in accordance with the By-Laws.

ARTICLE X  
DISSOLUTION AND DISTRIBUTIONS

In the event of dissolution, the residual assets of the  
corporation will be turned over to one or more organizations which  
themselves are exempt as organizations described in Sections 501(c)  
(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corres-  
ponding sections of any prior or future Internal Revenue Code, or  
to federal, state or local government for exclusive public purpose.  
Upon dissolution, the residual assets shall first be offered to  
the City. Should the City be unwilling or unable to accept any  
asset of the corporation for any reason whatsoever, then such asset  
shall be distributed to such other organization as shall qualify  
under the first sentence of this Article and as may be designated and

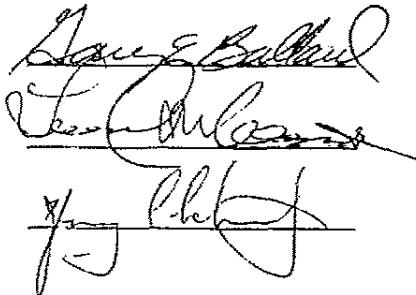
A-660  
2-24

selected by the Circuit Court for Volusia County, Florida, or such other court or tribunal or agency as shall succeed to such Circuit Court's jurisdiction in such matters, to be used in such manner as in the judgment of the Court or its successor in jurisdiction will best accomplish the public and charitable purpose for which this corporation is organized. Under no circumstances shall any of the assets of the corporation, upon dissolution, be distributed to any subscriber, member, officer, Trustee or employee of the corporation.

ARTICLE XI  
PERPETUAL EXISTENCE

This corporation shall have perpetual existence.

IN WITNESS WHEREOF, we, the undersigned, do hereby subscribe and acknowledge these Articles of Incorporation and accordingly have hereunto set our hands this 17<sup>th</sup> day of February  
1976.



H-660  
3-24

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Gary E. Bullard, to me known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida, this 17th day of February, 1976.

*Gary E. Bullard*  
NOTARY PUBLIC

(Seal)

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared Leonard M. Conner, to me known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida, this 17th day of February, 1976.

*Leonard M. Conner*  
NOTARY PUBLIC

(Seal)

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I hereby certify that on this day before me a Notary Public, duly authorized in the state and county named above to take acknowledgments, personally appeared H. C. Coleman, Jr., to be known to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

Witness my hand and seal at Daytona Beach, Volusia County, Florida this 17th day of February, 1976.

*H. C. Coleman, Jr.*  
NOTARY PUBLIC

(Seal)

My commission expires:  
Notary Public, State of Florida at large  
My Commission Expires Dec. 1, 1977  
Banded by American Fire & Casualty Co.

12-11660  
2-24



## Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32334

BRUCE A. SMATHERS  
SECRETARY OF STATE

February 24, 1976

TELEPHONE NUMBER  
904/488-3140

Frederick S. Karl  
315 Calhoun St.  
Suite 340  
Barnett Bank Bldg.  
Tallahassee, Florida

NUMBER: 735034

SUBJECT: DAYTONA BEACH HEALTH AUTHORITY, INC.

THIS WILL ACKNOWLEDGE RECEIPT AND FILING OF THE FOLLOWING

- 1. CHECK IN THE AMOUNT OF \$ 38.00
- 2. ARTICLES OF INCORPORATION FILED 2/24/76
- 3. AMENDMENT TO ARTICLES OF INCORPORATION FILED
- 4. ARTICLES OF MERGER OR CONSOLIDATION FILED
- 5. CERTIFICATE OF WITHDRAWAL FILED
- 6. LIMITED PARTNERSHIP FILED
- 7. TRADEMARK APPLICATION FILED
- 8. APPLICATION FOR REGISTRATION OF FOREIGN CORPORATION NAME  
FILED

ENCLOSED:

- 1. CERTIFIED COPY(IES) 2/24/76
- 2. CERTIFICATE(S) UNDER SEAL
- 3. PHOTOCOPY(IES)
- 4. OTHER

SINCERELY,

*Nettie F. Sims*

NETTIE F. SIMS, CHIEF  
BUREAU OF CORPORATION RECORDS

NFS/  
bt  
ENCLOSURES:

CORP. 2  
1/1/76

A-660  
LC-24

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE

JAN-7 1977



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers  
Secretary of State  
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE

APPROVED - JAN 31-77 1 2153\*\* 454467  
AND  
FILED

Feb 7 11 05 AM 1977

FLORIDA DIVISION OF STATE  
CORPORATIONS DIVISION

► READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◄

## 1. Name and Address of Corporation Principal Office:

735034 DAYTONA BEACH HEALTH AUTHORITY, INC.  
SUITE 340, BAHIAFFET BANK BLDG.  
315 CALHOUN ST., P.O. DRAWER 229  
TALLAHASSEE, FL, 32302

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

## 2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address \_\_\_\_\_

P.O. Box No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## 3. Date Incorporated or Qualified To Do Business in Florida

02/26/1976

## 4. Federal Employer Identification Number (FEIN)

## 5. Date of Last Report

## 6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	PRES. DIR.	514 N HALIFAX AVE.	DAYTONA BEACH, FL	
CONNER, LEONARD H.	DIR.	2 PENINSUAL DR.	ORMOND BEACH, FL	
COLEMAN, H.C., JR.	DIR.	415 REVILLO BLVD.	DAYTONA BEACH, FL	

## 7. Registered Agent Information

Name

KATE, FREDERICK R., ESO.

Street Address (Do NOT Use P.O. Box Number)

315 CALHOUN ST.

City, State and Zip Code

If you wish to change Registered Agent on this form, enter all new information here

Name

TALLAHASSEE, FL

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

## 8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

*No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report As Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer

Title

Telephone Number

Gary E. Bullard

President

904 258-5427

Signature

Date

1-13-77

X

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

corp-32

OK

NP # 735034

DAYTONA BEACH HEALTH AUTHORITY, INC.

New Corporation       Reincorporation       Amendment (§617.02)

Filed: Feb. 24, 1976

PRINCIPAL OFFICE:

DAYTONA BEACH, FLA.

APPROVED

AND

FILED

Florida Dept. of State  
Corporations Division  
Tallahassee, Florida

JULY 14

10-77

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATION ANNUAL REPORT <b>1978</b>			
Bruce A. Shaffer Secretary of State			
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620 12-1-77)			
<b>READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES</b>			
1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
<p>735034 PAYTONA BEACH HEALTH AUTHORITY, INC. SUITE 240, BARNETT BANK BLDG. 315 CALHOUN ST., P.O. DRAWER 229 TALLAHASSEE, FL 32302</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Indicate Zip Code.</p>		Street Address	
		P.O. Box No.	
		City	
		State Zip Code	
3. Date Incorporated or Qualified To Do Business in Florida		4. Federal Employer Identification Number (FEIN)	
02/24/1974		5. Date of Last Report 1977	
6. Name and Street Addresses of Each Officer and Director			
Name of Officers and Directors	Title	Director (Y/N)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)
BULLARD, GARY E.	DIR	N	314 N HALIFAX AVE, DAYTONA BEACH, FL
CONNER, LEONARD H.	DIR	N	2 PENTINSULAR DR, ORMOND BEACH, FL
COLEMAN, H.C., JR.	DIR	N	415 REVILD BLVD, DAYTONA BEACH, FL
7. Registered Agent Information		Name Street Address (Do NOT Use P.O. Box Number) KARLY FREDRICK, B., ESO, 315 CALHOUN ST.	
		City, State and Zip Code TALLAHASSEE, FL	
If you wish to change Registered Agent on this form, enter all new information here		Name Street Address (Do NOT Use P.O. Box Number) Wright Wilson W. 1217 S. Adams Street	
		City, State and Zip Code Tallahassee, FL 32301	
8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.			
<i>No Other Votes Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.</i>			
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Employed to Execute This Report As Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.			
Typed Name of Signing Officer Gary E. Bullard		Title President	Telephone Number 601-948-6617
Signature <i>Gary E. Bullard</i>		Date 2-6-78	

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION ANNUAL REPORT		STATE OF FLORIDA, DEPARTMENT OF STATE DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE
1979		MAY 15   22 14 95	
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE			
READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES			
1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone Is NOT Sufficient.	
<input checked="" type="checkbox"/> 735034 DAYTONA BEACH HEALTH AUTHORITY, INC. SUITE 340, BARNETT BANK BLDG. 315 CALHOUN ST., P.O. DRAWER 229 TALLAHASSEE, FL. 32302		Street Address <u>503 NORTH ST.</u> P.O. Box No. <u>P.O. Box 3707</u> City: <u>JACKSON</u> State: <u>MISS.</u> Zip Code: <u>39207</u>	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			
3. Date Incorporated or Qualified To Do Business In Florida		4. Federal Employer Identification Number (FEIN)	
<u>2/24/1976</u>		<u>4. Federal Employer Identification Number (FEIN)</u>	
5. Date of Last Report			
<u>1978</u>			
6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors		Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	
BULLARD, GARY E.		Title <u>P/D</u> Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) <u>514 N HALIFAX AVE.</u>	
CONNER, LEONARD M.		Title <u>D</u> Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) <u>2 PENINSUAL DR.</u>	
COLEMAN, H.C., JR.		Title <u>D</u> Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) <u>415 REVILLO BLVD.</u>	
7. Registered Agent Information		If you wish to change Registered Agent on this form, enter all new information below.	
Name <u>WRIGHT, WILSON K.</u>		Name <u></u>	
Street Address (Do NOT Use P.O. Box Number) <u>217 S. ADAMS ST.</u>		Street Address (Do NOT Use P.O. Box Number) <u></u>	
City, State and Zip Code <u>TALLAHASSEE, FL. 32302</u>		City, State and Zip Code <u></u>	
See signature restrictions under instructions on reverse side of this form.			
I Certify That I Am An Officer of the Corporation, the Receiver, or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.			
Typed Name of Signing Officer <u>Gary E. Bullard</u>		Telephone Number <u></u>	
Signature 		Date <u>03-31-79</u> <u>2/2/89</u> <u>10:10 AM</u>	

401-4

JAN 30 1980

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

AMC  
FILED

JUN 30 1980

FLORIDA DEPARTMENT OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA< READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
PLEASE STAPLE CHECK TO ANNUAL REPORT >

1. Name and Address of Corporation Principal Office:  <input checked="" type="checkbox"/> 735034 DAYTONA BEACH HEALTH AUTHORITY, INC. 502 NORTH ST. P. O. BOX 3707 JACKSON, MS 39207	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone Is NOT Sufficient  Street Address  P.O. Box No.  City  State _____ Zip Code _____
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	

3. Date Incorporated or Qualified To Do Business In Florida	2/24/1976	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
1979			

## 6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BULLARD, GARY E.	P/D	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD M.	D	2 PENINSUAL DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	O	415 REVILLO BLVD.	DAYTONA BEACH, FL.

## Registered Agent Information

Name: WRIGHT, WILSON W.  
 Street Address (Do NOT Use P.O. Box Number)  
 217 S. ADAMS ST.

City, State and Zip Code  
 TALLAHASSEE, FL. 32302

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.

## 8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer Douglas R. Garrett	Title Treasurer	Telephone Number 601 948-6617
---	--------------------	----------------------------------

Signature 	Date 6/26/80
---------------	-----------------

DO NOT WRITE IN THIS SPACE

735034 07-09-80 2 6 760 10.00

B-2056

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUL 30 8 07 AM '81

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1981

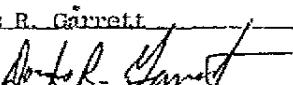
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►  
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
<p>735034 DAYTONA BEACH HEALTH AUTHORITY, INC. 502 NORTH ST. P. O. BOX 3707 JACKSON, MS</p>	<p>Street Address <b>ONE MEDIPLEX PLACE</b> P.O. Box No. <b>P.O. BOX 4400</b> City <b>JACKSON</b> State <b>MS.</b> Zip Code <b>39216</b></p>	
<small>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code</small>		
3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
<p><b>2/24/1976</b>      <b>1980</b></p>		

Names of Officers and Directors	Title	Street Address of Each Officer and Director <small>(Do NOT Use Post Office Box Numbers)</small>	City and State
BULLARD, GARY E.	P/D	514 N HALIFAX AVE.	DAYTONA BEACH, FL.
CONNER, LEONARD M.	D	2 PENINSUAL DR.	ORMOND BEACH, FL.
COLEMAN, H.C., JR.	D	415 REVILLO BLVD.	DAYTONA BEACH, FL.
GARRETT, Douglas R.	T	501 MEDIPLEX PL	JAX, MS.

7. Registered Agent Information	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.	
Name <b>WRIGHT - WILSON</b> Street Address (Do NOT Use P.O. Box Number) <b>217 S. ADAMS ST.</b> City, State and Zip Code <b>TALLAHASSEE, FL.</b>	Telephone Number <b>(601) 353-3500</b> Date <b>June 23, 1981</b>	

See signature restrictions under instructions on reverse side of this form.		
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.		
Type Name of Signing Officer <b>Douglas R. Garrett</b> Signature 	Title <b>Treasurer</b>	Telephone Number <b>(601) 353-3500</b> Date <b>June 23, 1981</b>
<sup>DO NOT WRITE IN THIS SPACE</sup> <b>MS 6 30 81</b>		

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1982

George Firestone  
Secretary of State

MAY 13 1982

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

735034  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE MEDIPLEX PLACE  
P. O. BOX 4400  
JACKSON, MS.

39207

If above address is incorrect in any way, enter the correct address  
in Item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal  
Office, P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No

City

State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1976

4. Federal Employer  
Identification Number (FEIN)

5. Date of  
Last Report

06/30/1981

6. Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SUGARMAN XXXXXXXX	PXX	5555555555555555	DAYTONA BEACH FL
ZONNER XXXXXXXX	PXX	5555555555555555	DAYTONA BEACH FL
ZONNER XXXXXXXX	PXX	5555555555555555	DAYTONA BEACH FL
GARRETT, DOUGLAS R	T	I MEDIPLEX PL	JAXSON MS
Thad Hawkins	D	I Mediplex Place	Jackson, MS
John L. Black, Jr.	P/D	I Mediplex Place	Jackson, MS
Louie W. Odom	VP/D	I Mediplex Place	Jackson, MS
R. Barry Vickery	S	I Mediplex Place	Jackson, MS

Registered Agent Information

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

WRIGHT, WILSON W.

217 S. ADAMS ST.

TALLAHASSEE, FL.

32302

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10.

*See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowering to Execute This Report as Required by Chapter 607 F.S.  
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature

Douglas R. Garrett

Title  
Treasurer

Date  
February 19, 1982

Telephone Number  
(601) 353-3500

COB120(1-81)

3  
2  
9

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1983

George Firestone  
Secretary of State

APPROVED

AND  
FILED

Mar 15 9 55 AM 1983

FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA  
Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.  735034 DAYTONA BEACH HEALTH AUTHORITY, INC. ONE MEDIPLEX PLACE P. O. BOX 4400 JACKSON, MS		39207	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient  Street Address P.O. Box 4400 City State Zip Code
3. Date Incorporated or Qualified To Do Business in Florida 02/24/1976		4. Federal Employer Identification Number (FEIN)	5. Date of Last Report 05/30/1982
6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HAWKINS, THAD	O	ONE MEDIPLEX PLACE	JACKSON, MS 0000
GARRETT, DOUGLAS R	T	ONE MEDIPLEX PLACE	JACKSON, MS 0000
VICKERY, R BARRY	V/P/S/D	ONE MEDIPLEX PLACE 2143 Brainerd Drive	JACKSON, MS 39211 0000
BLACK, JOHN L JR	P/D	ONE MEDIPLEX PLACE 235 5th Avenue	JACKSON, MS 39211 0000
ODOM, LOUIE W	V/D	ONE MEDIPLEX PLACE	JACKSON, MS 0000
Bobby R. Arnold	T/D	101 Hickory Cove	Brandon, MS 39042

Registered Agent Information

7. Name and Address of Current Registered Agent  WRIGHT, WILSON W. 217 S. ADAMS ST. TALLAHASSEE, FL.	8. Name and Address of New Registered Agent  Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code 32302
--	---

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)  
**\$3.00 additional fee required for Registered Agent changes.**

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
I further certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature <i>R. Barry Vickery</i>	Date 1-17-83
Typed Name of Signing Officer R. Barry Vickery	Title VP/S/P/D
Telephone Number (601) 956-9441	

DUE DATE ON QR AFTER JANUARY 1, 1984

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT

1984

FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

4/27/1984

1984

Read Notice and Instructions on Other Side Before Making Entries.  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
<p>735034 DAYTONA BEACH HEALTH AUTHORITY, INC. <del>ONE MEDIPLEX PLACE</del> <del>P. O. BOX 4400</del> JACKSON, MS</p>		<p>Street Address 6155 OLD CANTON P.O. Box No. PO. Box 12,000 City Jackson State MS Zip Code 39211</p>	
<small>If above address is incorrect in any way, enter the correct address in Item 2. include Zip Code.</small>			
3. Date Incorporated or Qualified To Do Business in Florida		4. Federal Employer Identification Number (FEIN)	
02/24/1976		5. Date of Last Report	
6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
ARNOLD, BOBBY R WICKERY, BARRY R BLACK, JOHN L JR	T/O P/V/S P/D	101 HICKORY COVE 2145 BRACKENSHIRE CIRCLE 235 ST ANDREWS DR	BRANDON, MS 39000 JACKSON, MS 39000 JACKSON, MS 39000

## Registered Agent Information

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
<p>WRIGHT, WILSON W. 217 S. ADAMS ST.  TALLAHASSEE, FL.</p>		<p>Name  Street Address (Do NOT Use P.O. Box Number)  City, State and Zip Code</p>	
<p>32308</p>			

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits this statement for the purpose of changing its registered officer or registered agent or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on:

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10.

See signature restrictions under instructions on reverse side.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report, Required by Chapter 607 F.S.  
I further Certify That My Signature On This Report Shall Have the Same Legal Effect as If It Were Made Under Oath.

CORPORATION

Signature	R. Barry Vickery	Date	6-28-84
Typed Name of Signing Officer	R. Barry Vickery	Title	Vice President & Secretary
			Telephone Number (601) 956-8817

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment

CERTIFICATE OF STATUS DESIRED 

\$5 Additional fee required for certificates.

JUL 19 1985

CORPORATION  
ANNUAL REPORT  
1985



## 90 DAY NOTICE OF INTENT TO DISSOLVE

FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1985 SEP 24 AM 10:22

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
<p>735034 DAYTONA BEACH HEALTH AUTHORITY, INC. 6155 OLD CANTON/POB 12000 JACKSON, MS 39211</p>		<p>Street Address 21 ONE LAYFAIR DR P.O. Box No. 20 12000 City and State 23 JACKSON, MS Zip Code 24 39236-2000</p>	
<p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>			
3. Date Incorporated or Qualified To Do Business in Florida 02/24/1976		4. Federal Employer Identification Number (FEIN)	
5. Date of Last Report 07/13/1984			
6. Name and Street Addresses of Each Officer and Director, as of December 31, 1984			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City, State and Zip Code
ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS 0000
VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS 0000
BLACK, JOHN L JR	P/O	235 ST ANDREWS DR	JACKSON, MS 0000
7. Registered Agent Information			
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
<p>WRIGHT, WILSON W. 217 S. ADAMS ST. TALLAHASSEE, FL 32302</p>		<p>Name 81  Street Address (Do NOT Use P.O. Box Number) 82  City and State 83 Zip Code 84</p>	
<p>9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:</p> <p>I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.035 F.S.</p>			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
<p>\$3.00 additional fee required for Registered Agent changes.</p>			
<p>10. See signature restrictions under instructions on reverse side of this form. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).</p>			
Signature <i>Chancery R Dunbar</i>		Date 9-17-85	
Typed Name of Signing Officer CHANCERY R DUNBAR		Title AGENT	
		Telephone Number 601-932-2984	
<p>11. Should you desire a certificate of status check, check the box.</p>		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<p>\$5 additional fee required for a Certificate of Status</p>			

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Division of State  
Division of Corporations

ANNUAL REPORT  
1986

Please Read Notice and Instructions on Other Side Before Making Payment

Filing Fee of \$20 Required - Make Checks Payable to State of Florida

1. Name and Address of Corporation Principal Office

2. Enter Change of Address of Corporation - Principal  
Office P.O. Box Number Address Zip Code - sufficient

735034  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE LAYFAIR DRIVE  
PO BOX 12000  
JACKSON, MS 39236-9000

Street Address

Daytona Beach

MS 39236

If above address is incorrect or not used, enter new address  
in Item 2. Include Zip Code.

3. Date Incorporated or Organized **02/24/1976**

To Do Business in Florida

09/24/1985

4. Name and Street Addresses of Officers and Directors as of December 31, 1985

Name of Officers and Directors	Type	Street Address of Each Officer and Director	City and State	Zip Code
ARNOLD, BOBBY R	T/O	101 HICKORY COVE	BRANDON, MS	39000
VICKERY, BARRY R	P/A/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS	39000
BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS	39000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE, FL 32302

8. Name and Address of New Registered Agent:

Name B1

Street Address (Do NOT Use P.O. Box Number) B2

City and State B3

Zip Code B4

FL

9. Pursuant to the provisions of Sections 207.034 and 607.037, Florida Statute, the undersigned corporation, inc. (name) under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, except in the case of a change of address.

Such change was authorized by resolution duly adopted by its board of directors.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 207.032 F.S.

SIGNATURE

(Printed Name of Agent Accepting Appointment)

DATE

\$300 additional fee required for Registered Agent changes

CR303A (1/86)

10. See signature restrictions under "Certifications on reverse side of this form."

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath  
(Officer signing must be listed in Block B)

Signature

Chauncey R Dunbar

Typed Name of Signing Officer

CHAUNCEY R DUNBAR

Title  
AGENT

Date

MAY 12, 1986

Telephone Number

601-932-2984

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$25 ADDITIONAL FEE  
Required for  
Certificate of Status

## FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

DO NOT WRITE IN THIS SPACE.

CORPORATION

ANNUAL REPORT  
1987FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS1007 406 10 119 58  
FEDERALRead Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$25 Required - Make Checks Payable To Secretary of State

1. Name and Address of Corporation Principal Office:

735034  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE LAYFAIR DRIVE  
PO BOX 12000  
JACKSON, MS 39236-9000

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address  
in item 2. Include Zip Code.3. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1976

4. Federal Employer  
Identification Number (FEIN)5. Date of  
Last Report 05/30/1986

► 6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors <sup>1</sup>	Title <sup>2</sup>	Street Address of Each Officer and Director <sup>3</sup> <small>(Do NOT Use Post Office Box Number(s))</small>	City and State <sup>4</sup>	5
ARNOLD, BOBBY R	T/D	101 HICKORY COVE	BRANDON, MS 00000	
VICKERY, BARRY R	P/V/S	2145 BRACKENSHIRE CIRCLE	JACKSON, MS 00000	
BLACK, JOHN L JR	P/D	235 ST ANDREWS DR	JACKSON, MS 00000	

## REGISTERED AGENT INFORMATION

## B. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent  
WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE, FL 32302

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

OCT 2004 (Rev)

9. Pursuant to the provisions of Sections 607.034 and 607.047, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. \$3.00 additional fee required for Registered Agent change.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
further Certify That I Underhand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.  
(Officer signing must be listed in Box #8).

Signature

Date

JUNE 29, 1987

Telephone Number

601-932-2584

Typed Name of Signing Officer  
BOBBY R ARNOLDTitle TREASURER  
AGENT

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$3 Additional Fee  
Required for a  
Certificate of Status



## FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

DO NOT WRITE IN THIS SPACE

89 JUL 10 AM 9:56

ANNUAL REPORT  
1989

Please Read Notice and Instructions on Other Side. Partial Payment Entitles You to  
Filing Fee of \$35 Required. Make Checks Payable To: Secretary of State.

1. Name and Address of Corporation Principal Office

ZIP + 4 389

735034 1  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE LAYFAIR DRIVE  
PO BOX 12000  
JACKSON, MS 39236-2000

If above address is incorrect in any way enter the correct address  
in Item 2. Include Zip Code

2. Enter Change of Address of Corp. or P.O. Box Number Address NOT Street

Street Address 1

P.O. Box No. 23

City and State 23

Zip Code 24

3. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1976

4. Federal Employer  
Identification Number (FEI) 64-0591201

5. Date of Last Report 07/07/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Name of Officers and Directors	Street Address of Each Officer and Director	Street Address of Each Officer and Director	
			Do NOT Use Post Office Box Numbers	City and State
T/D	ARNOLD, BOBBY R	101 HICKORY COVE	BRANDON, MS	00000
G/D	DUNBAR, CHAUNCEY	370 HERITAGE PL	JACKSON, MS	00000
S/P	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS	
P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS	00000

## REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE, FL 32302

Street Address 1. Do NOT Use P.O. Box Number 82

Street Address 2. Do NOT Use P.O. Box Number 83

City and State 81

Zip Code 83

FL

9. Pursuant to the provisions of Sections 607.034 and 607.037 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, warrants that it will do one of the following:  
or for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent. I am familiar with and adopt the obligations of Section 607.035 FS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

See signature restatement under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS.  
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath  
(Officer or Director signing must be initial)

Signature 6

CHAUNCEY R. DUNBAR  
Typed Name of Signing Officer or Director

Title SECRETARY

Date 6/28/88

Telephone Number

601-932-2984

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED 65 Additional Fees  
Required for  
Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION



ANNUAL REPORT  
1990

FLORIDA DEPARTMENT OF STATE  
Mr. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

12-34  
FEB 5 1990

For More Information, See Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required. Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

735034 1

ZIP + 4 PRESORT  
DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE LAYFAIR DRIVE  
PO BOX 12000  
JACKSON, MS 39236-2000

If above address is incorrect in any way, enter it in correct address  
in item 2. Include Zip Code

2. If Address in Box 1 is incorrect in any way, enter the correct  
address below. PO Box can be used but NOT with end The NAME  
of the corporation. Use Zip Code, or attach an attachment.

Street Address:

PO Box 12000

City and State:

Zip Code:

3. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1976

4. FEI Number

84-0591201

FEI Number Applied For  
FEI Number Not Applicable

► 6. Names and Street Addresses of Each Officer and Director. (Do not use any correction tape or tape to cover up incorrect information.)

1	2	3	4	5
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1 T/D	ARNOLD, BOBBY R	101 HICKORY COVE	BRANDON, MS	00000
2 S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	FLORENCE, MS	
3 P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	JACKSON, MS	00000
4				
5				
6				
7				

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE, FL 32302

Name of Current Registered Agent

Street Address: 217 S. ADAMS ST., TALLAHASSEE, FL

City and State: TALLAHASSEE, FL

Zip Code: 32302

ZIP CODE: 32302

FL

8. Pursuant to the provisions of Sections 807.033 and 807.257 Florida Statutes, the above named corporation is incorporated under the laws of the state of Florida for the purpose of transacting its registered office or registered agent business in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors.

I hereby declare the appointment of registered agent, name given in item 7 and address indicated on Item 7. FEI # 84-0591201

SIGNATURE

Registered Agent Accepting Appointment

LATE

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate to the best of my knowledge and belief, and has the same legal effect as if made under oath. Further, I certify, that I am an officer or director of the corporation or the individual trustee appointed to receive a copy of this document. Chapter 807.03

Signature

Chauncey R Dunbar

6/27/90

Type Name of Signing Officer / Director

CHAUNCEY R DUNBAR

Date

SECRETARY

601-932-2984

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

AS ATTACHED FORM  
RECORDED FOR A  
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST.

CORPORATION



ANNUAL REPORT  
1991

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

JL-591

APPROVED  
FL. DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL.  
FILED

**FILING FEE OF \$61.25 REQUIRED**

1. Name and Mailing Address of Corporation: DOCUMENT #735034 (1)

ZIP + 4 PRESORT

DAYTONA BEACH HEALTH AUTHORITY, INC.  
ONE LAYFAIR DRIVE  
PO BOX 12000  
JACKSON, MS 39236-2000

FEB 4 1991

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

413 PEAR ORCHARD, SUITE 400

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1976

4. FEI Number

64-0591201

FEI Number Applied For

FEI Number Not Applicable

\$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. 1 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 T/D	ARNOLD, BOBBY R	101 HICKORY COVE 4680 HICKORY RIDGE	BRANDON, MS 00000
2 S/D	DUNBAR, CHAUNCEY	2239 TIFFANY CIRCLE	JACKSON, MS
3 P/D	BLACK, JOHN L JR	235 ST ANDREWS DR	FLORENCE, MS
4			
5			
6			

**REGISTERED AGENT INFORMATION**

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE, FL. 32302

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL.

85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Chauncey R Dunbar*

DATE *6/28/91*

Typed Name of Signing Officer or Director

CHAUNCEY R. DUNBAR

Title

Secretary

Telephone Number Daytime

(601) 956-1013

**FILING FEE OF \$61.25 REQUIRED—Make Checks Payable to Secretary of State. \$8.75 Additional Fee required  
for a Certificate of Status**

CP20040198

FILE NOW! CORPORATE STATUS WILL BE  
DELINQUENT AFTER JULY 1ST,

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

13617/17

FEB 17 1992

APPROVED  
REC. OF STATE  
REGISTRATIONS DIV.  
LAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE \$61.25 Make Payable To: Secretary of State**

1. Name and Mailing Address of Corporation **DOCUMENT #735034 (1)**  
**DAYTONA BEACH HEALTH AUTHORITY, INC.**  
**413 PEAR ORCHARD, SUITE 400**  
**PO BOX 12000**  
**JACKSON MS 39236-2000**

2. If Address in Block 1 is incorrect in any way, type through the  
incorrect information and enter the correct address below. P.O.  
Box is acceptable. The NAME of the corporation can be changed  
only by filing an amendment.

21 Mailing Address  
**460 Briarwood Dr., Suite 410**  
22 P.O. Box No  
23 City and State  
24 Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

**02/24/1976**

3a. Date of Last Report <b>07/05/1991</b>	4. FEI Number <b>64-0591201</b>	FEI Number Applied For <b>      </b>	5. <input checked="" type="checkbox"/> \$87.75 Additional Fee Required for a Certificate of Status <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED
--	------------------------------------	---	---

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
T/D	<b>ARNOLD, BOBBY R</b>	<b>4680 HICKORY RIDGE</b>	<b>JACKSON, MS</b>
S/D	<b>DUNBAR, CHAUNCEY</b>	<b>2239 TIFFANY CIRCLE</b>	<b>FLORENCE, MS</b>
P/D	<b>BLACK, JOHN L JR</b>	<b>235 ST ANDREWS DR</b>	<b>JACKSON, MS 00000</b>
4			
4x			
5			
5x			
6			

7. REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent <b>WRIGHT, WILSON W. 217 S. ADAMS ST. TALLAHASSEE, FL. 32302</b>	81. City <b>Tallahassee</b>
	82. Street Address 1 (Do NOT Use P.O. Box Numbers)
	83. Street Address 2 (Do NOT Use P.O. Box Numbers)
	84. City <b>FL</b>
	85. Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.17 of the Florida Statutes, the above-named corporation submits this statement  
for the purpose of changing its registered office or registered agent  
in both the State of Florida. Such change was authorized by the corporation's board of directors  
thereby accept the appointment as registered agent for service of process and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent or Holder, Acceptance)  
**WRIGHT, WILSON W.**

10. I hereby acknowledge that I am under oath and subject to perjury if I make any false statement on this form.  
 (I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.)

11. I certify that the information contained on this annual report or supplemental annual report is true and accurate, and it or my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver of the entity empowered to file the miss report as required by Chapter 607 or Chapter 617 Florida Statutes, and that my name appears in Block E as an attachment to this business.

SIGNATURE *Chauncey R. Dunbar* DATE **8/19/92**  
Type Name of Signing Officer or Director **Chauncey R. Dunbar** Title **Secretary**  
Telephone Number **( 601 ) 956-1013**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee

Form 607 (1-91)

File Now. Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1993

FEB - 8 1993

PFL 10

1. Name of Mailing Address DOCUMENT # 735034 (1)

DAYTONA BEACH HEALTH AUTHORITY, INC.  
460 BRIARWOOD DR., SUITE 410  
PO BOX 12000  
JACKSON MS 39206-3053

02/13/93 10 / 10 / 10

FILING FEE ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
\$200.00 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

02/24/1976 08/12/1992  
640591201

2. Mailing Address

2a. Street Address

5. Mailing Address

\$61.25  
Annual Filing  
Fee Required

21

2b.

State App. to file

2c.

22

2d.

City & State

2e.

23

2f.

24

2g.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE FL 32302

81

82

83

84

85

86

FL

11. Filing Agent's Name, Address, City, State, Zip Code, and Telephone Number

SIGNATURE

T/D  
ARNOLD, BOBBY R  
4680 HICKORY RIDGE  
JACKSON MS

S/D  
DUNBAR, CHAUNCEY  
2239 TIFFANY CIRCLE  
FLORENCE MS

P/O  
BLACK, JOHN L JR  
235 ST ANDREWS DR  
JACKSON, MS 00000

13

14. Signature of Person Filing

Signature

Date

15. Name of Person Filing

Name

Title

Address

City

State

Zip

Phone

Fax

Other

Comments

FILE NOW! FILING FEE AFTER MAY 1 IS \$225.00

L B

APPROVED  
AND  
FILED

19 MAY -1 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
DAYTONA BEACH HEALTH AUTHORITY, INC.

DOCUMENT #  
735034 (1)

Mailing Address  
460 BIARWOOD DR., SUITE 410  
PO BOX 12000  
JACKSON MS 39236-9000

Principal Place of Business  
460 BIARWOOD DR., SUITE 410  
PO BOX 12000  
JACKSON MS 39236-9000

If above addresses are incorrect in any way, type through incorrect information and enter correction below:

2. Mailing Address 2a. Principal Place of Business

21. Suite, Apt. #, etc. 26. City, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country

26. Zip 29. Zip

30. Country

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Quashed 3a. Date of Last Report  
02/24/1976 05/13/1993

4. FEI Number 64-0591201 Applied For  
Not Applicable

5. Certificate of Status Dated  
SB75 ADDED TO THE RECORDS  6. Election Campaign  
Private and Trust Fund Contribution

7. Nonprofit Exempt from \$133.75  
Supplemental Fee  \$5.00 May Be  
Added to Fees

8. This corporation has liability for Intangible tax under S. 109.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

WRIGHT, WILSON W.  
217 S. ADAMS ST.  
TALLAHASSEE FL 32302

81. Name

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

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0508 or 617.0503, Florida Statutes.

SIGNATURE *(Signature of Registered Agent or Registered Director) DATE* The current Agent signature is required when rendering

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 NAME	T/D ARNOLD, BOBBY R	1.1 TITLE	
1.2 NAME	4880 HICKORY RIDGE	1.2 NAME	
1.3 STREET ADDRESS	JACKSON MS	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 NAME	S/D DUNBAR, CHAUNCEY	2.1 TITLE	
2.2 NAME	2239 TIFFANY CIRCLE	2.2 NAME	
2.3 STREET ADDRESS	FLORENCE MS	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 NAME	P/D BLACK, JOHN L JR	3.1 TITLE	
3.2 NAME	235 ST ANDREWS DR	3.2 NAME	
3.3 STREET ADDRESS	JACKSON, MS 00000	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 NAME		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 NAME		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 NAME		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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(2)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: *Chauncey R. Dunbar* See Chauncey R. Dunbar 4/12/94 601-956-1013

SIGNATURE AND PRINTED OR PRIMED NAME OF SIGNER, OFFICER OR DIRECTOR