FILE.NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL 11 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738049 (6)

1. Corporation Name
ALACHUA GENERAL HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~720 SOUTHWEST 2ND AVE. SUITE #555 GAINESVILLE FL 32601~~	8930 NW 39TH AVENUE GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified: 02/09/1977
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1746989 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 8930 N.W. 39thAvenue
22 Suite, Apt. #, etc.
23 City/State: Gainesville, FL
24 Zip: 32606 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PEDDIE, EDWARD C.~~
~~8930 NW 39TH AVENUE~~
~~GAINESVILLE FL 32606~~

10. Name and Address of New Registered Agent

81 Name: Stephen J. deMontmollin
82 Street Address (P.O. Box Number is Not Acceptable): 8930 N.W. 39th Avenue
83
84 City: Gainesville FL 85 Zip Code: 32606

11. 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: Stephen J. deMontmollin, VP & General Counsel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, C.B.	1.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, GERALD	2.2 NAME		
STREET ADDRESS	8930 NW 39 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C	3.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	~~DT~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	NELL, CATHY	4.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	~~DS~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	AYERS, ISABELLE	5.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ROZBORIL, MICHAEL	6.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

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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)(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: E.C. Peddie E.C. PEDDIE 3/20/95 (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002610

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Revised 7/7/94

ALACHUA GENERAL HOSPITAL

BOARD OF DIRECTORS
(con't)

D/S	French, Royal	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Green, Buzzy	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Dinkins, Arnold	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McKinley, Paul	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Mounger, William	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Moore, Jim	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Roark, Steven	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Cosby, Edgar	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Townsend, Wallace	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Bullard, Audrey	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Martsolf, Mary	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johnson, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D/T	Durrance, Jack	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Hetzel, Alan	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Scott, Olivia	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johns, Linda	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Stechmiller, Bruce	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Wise, Sandra	8930 N.W. 39th Avenue	Gainesville, FL 32606
D/VC	Williams, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Powell, Rodger	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Chance, Jean	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Carmichael, Majorie	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McGranahan, Bob	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Fletcher, T.J.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Owen, Mark	8930 N.W. 39th Avenue	Gainesville, FL 32606