

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 # 738049 (6)

1. Corporation Name

ALACHUA GENERAL HOSPITAL, INC.
HEALTH

NC
2-5-96
B6B

Principal Place of Business

Mailing Address

~~8930 NW 39TH AVENUE~~
~~GAINESVILLE FL 32606~~

~~8930 NW 39TH AVENUE~~
~~GAINESVILLE FL 32606~~
US



800001837368

-07/18/96--01008--040

***70.00

3. Date Incorporated or Qualified
02/09/1977

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

21 4300 NW 89 Blvd

Suite, Apt. #, etc

22

City & State

23 Gainesville FL

Zip

24 32606

Country

25 USA

2a. Mailing Address

26 4300 NW 89 Blvd

Suite, Apt. #, etc

27

City & State

28 Gainesville FL

Zip

29 32606

Country

30 USA

4. FEI Number

59-1746989

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

DEMONTMOLLIN, STEPHEN J.

~~8930 NW 39TH AVENUE~~
~~GAINESVILLE FL 32606~~

81 Name

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

4300 NW 89 Blvd.

83

84 City

Gainesville

FL

85 Zip Code

32606

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 617.0303, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE

NAME DANIEL, C.B.
STREET ADDRESS 8930 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME O'NEIL, GERALD
STREET ADDRESS 8930 NW 39 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☐ DELETE

NAME PEDDIE, EDWARD C
STREET ADDRESS 8930 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME NELL, CATHY
STREET ADDRESS 8930 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME AYERS, ISABELLE
STREET ADDRESS 8930 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME ROZBORIL, MICHAEL
STREET ADDRESS 8930 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/C ☐ Change ☒ Addition

12 NAME Carr, Ed.D., Glenna
13 STREET ADDRESS 4300 NW 89 Blvd.
14 CITY-ST-ZIP Gainesville, FL 32606

21 TITLE D/VC ☐ Change ☒ Addition

22 NAME MOUNGER, William
23 STREET ADDRESS 4300 NW 89 Blvd.
24 CITY-ST-ZIP Gainesville, FL 32606

31 TITLE P ☒ Change ☐ Addition

32 NAME Peddie, Edward
33 STREET ADDRESS 4300 NW 89 Blvd.
34 CITY-ST-ZIP Gainesville, FL 32606

41 TITLE D ☒ Change ☐ Addition

42 NAME Nell, Cathy
43 STREET ADDRESS 4300 NW 89 Blvd.
44 CITY-ST-ZIP Gainesville, FL 32606

51 TITLE D/T ☐ Change ☒ Addition

52 NAME Dinkins, Arnold
53 STREET ADDRESS 4300 NW 89th Blvd
54 CITY-ST-ZIP Gainesville, FL 32606

61 TITLE D/S ☐ Change ☒ Addition

62 NAME Bennett, Edwin
63 STREET ADDRESS 4300 NW 89 Blvd.
64 CITY-ST-ZIP Gainesville, FL 32606

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Daytime Phone

05 717 196

CR2E037 (12/95)

738049

2-2

Alachua Health, Inc.
(Addendum to 1996 Corporation Annual Report)

D Bullard, Audrey, 4300 NW 89 Blvd, Gainesville, FL 32606

D Daniels, Al, 4300 NW 89 Blvd, Gainesville, FL 32606

D French, Royal, 4300 NW 89 Blvd, Gainesville, FL 32606

D Martsof, Mary, 4300 NW 89 Blvd, Gainesville, FL 32606

D Townsend, Wallace, 4300 NW 89 Blvd, Gainesville, FL 32606

Asst Secretary Hughey, Philip J., 4300 NW 89 Blvd, Gainesville, FL 32606