

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

1995



DOCUMENT # 738998 (4)

TAYLOR COUNTY HEALTH FACILITY, INCORPORATED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1200 S WALDRON RD STE 155
P O BOX 3324
FORT SMITH AR 72903

1200 S WALDRON RD STE 155
P O BOX 3324
FORT SMITH AR 72903

3. Effective Date of Registration	3a. State of Registration
05/10/1977	05/01/1994
4. Registration Number	Registered For Not Applicable
59-1779865	
5. Amount of Additional Fee Required	\$8.75 Additional Fee Required
6. Amount of May Be Added to Fees	\$5.00 May Be Added to Fees
7. Supplemental Fee Not Required	\$68.75 Supplemental Fee Not Required
8. This corporation is responsible for information tax under section 218.05, Florida Statutes.	

21. 5111 Rogers Avenue	26. 5111 Rogers Avenue
22. Suite 40-A	27. Suite 40-A
23. Fort Smith, AR	28. Fort Smith, AR
24. 72919-0155	29. 72919-0155
25. Sebastian	30. Sebastian

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (If in Block Neighborhood, Not Applicable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (If in Block Neighborhood, Not Applicable)		83. City		84. State	FL	85. Zip Code	
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84. State	FL												
85. Zip Code													

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am a duly qualified and authorized agent of the corporation named herein, and that I am duly qualified and authorized to execute this certificate of registration on behalf of the corporation named herein.

12. Name and Address of Agent	13. Name and Address of Agent																																																																																																																								
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SIGNATURE: *Robert W. Pommerville* EVD
 Robert W. Pommerville
 4/19/95 (501) 452-6712