

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 21, 1996 08:00 AM
Secretary of State

DOCUMENT # 738998 (4)
1. Corporation Name
TAYLOR COUNTY HEALTH FACILITY, INCORPORATED



Principal Place of Business Mailing Address
5111 ROGERS AVENUE
SUITE 40-A
FORT SMITH AR 72919-0155
US

3. Date Incorporated or Qualified 05/10/1977	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1779865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	
NAME	BANKS, DAVID R.	1.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	1.4 CITY-ST-ZIP	
TITLE	EVD	2.1 TITLE	DP
NAME	WOLTEL, ROBERT D	2.2 NAME	Mathies, William A.
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	2.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A
CITY-ST-ZIP	FT. SMITH AR	2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155
TITLE	DP	3.1 TITLE	DVC
NAME	HENDRICKSON, BOYD	3.2 NAME	
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	300001833223
NAME	STEPHENS, BOBBY W	4.2 NAME	-05/21/96--01162--084
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	4.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	FT. SMITH AR	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	S
NAME	POMMERVILLE, ROBERT W.	5.2 NAME	
STREET ADDRESS	5111 ROGER AVE., STE. 40-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	5.4 CITY-ST-ZIP	
TITLE	VPT	6.1 TITLE	VP, Assistant Sec.
NAME	HOLLINGSWORTH, SCHUYLER	6.2 NAME	MacKenzie, John W.
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	6.3 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A
CITY-ST-ZIP	FT. SMITH AR	6.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155

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:

John W. MacKenzie

4/25/96

501-484-8465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)