

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
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 **\$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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

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**

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 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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BANKS, DAVID R.	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	WOLTL, ROBERT D	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, BOYD	
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEPHENS, BOBBY W	
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	POMMERVILLE, ROBERT W.	
STREET ADDRESS	5111 ROGER AVE., STE. 40-A	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, SCHUYLER	
STREET ADDRESS	5111 ROGERS AVE., STE 40-A	
CITY-ST-ZIP	FT. SMITH AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	Mathies, William A.
2.4 CITY-ST-ZIP	5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DVC
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001833223
4.3 STREET ADDRESS	-05/21/96--01162--084
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP, Assistant Sec.
6.3 STREET ADDRESS	MacKenzie, John W.
6.4 CITY-ST-ZIP	5111 Rogers Avenue, Suite 40-A 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* **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)

5-1-96
ACB