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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747731

(8)

NC  
12/9/96

1. Corporation Name

ASSOCIATION OF VOLUNTARY HOSPITALS OF FLORIDA, INC.  
NE: Association of Community Hospitals and  
Health Systems of Florida, Inc.

Principal Place of Business

Mailing Address

315 S. CALHOUN ST.  
SUITE 808, BARNETT BANK BLDG.  
TALLAHASSEE FL 32301-1836315 S. CALHOUN ST.  
SUITE 808, BARNETT BANK BLDG.  
TALLAHASSEE FL 32301-18873. Date Incorporated or Qualified  
06/19/19793a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2204341Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

NESMITH, WAYNE  
315 S. CALHOUN ST., 808 BARNETT BANK BLDG.  
TALLAHASSEE, FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NESMITH, WAYNE  
STREET ADDRESS 315 S. CALHOUN ST.  
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE D  
NAME NATHAN, JAMES R.  
STREET ADDRESS PO DRAWER 2218  
CITY-ST-ZIP FT MEYERS FL

DELETE

TITLE CD  
NAME MEANS, MICHAEL D.  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE VCD  
NAME O'GRADY, MICHAEL J. JR.  
STREET ADDRESS 1000 36TH ST  
CITY-ST-ZIP VERO BCH FL

DELETE

TITLE D  
NAME STUBBLEFIELD, AL  
STREET ADDRESS PO BOX 17500  
CITY-ST-ZIP PENSACOLA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

100002088451  
-02/14/97--01079--030 Change Addition  
\*\*\*\$1.25

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing 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:

Wayne Nesmith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Nesmith

Date

Daytime Phone # 0007404

CR2E037 (9/96)