

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747731 (8)

1. Corporation Name
ASSOCIATION OF COMMUNITY HOSPITALS AND HEALTH SYSTEMS OF FLORIDA, INC.



Principal Place of Business 915 S. CALHOUN ST. SUITE 808, BARNETT BANK BLDG. TALLAHASSEE FL 32301-1836	Mailing Address 315 S. CALHOUN ST. SUITE 808, BARNETT BANK BLDG. TALLAHASSEE FL 32301-1836
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3. Date Incorporated or Qualified 06/19/1979	
4. FEI Number 59-2204341	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 306 East College Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 306 East College Avenue Suite, Apt. #, etc.
City & State 23 Tallahassee, FL	City & State 27 Tallahassee, FL
Zip 24 32301-1558	Country 25 USA

9. Name and Address of Current Registered Agent
NESMITH, WAYNE
315 S. CALHOUN ST., 808 BARNETT BANK BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	306 East College Avenue
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NESMITH, WAYNE	
STREET ADDRESS	315 S. CALHOUN ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	O'GRADY, MICHAEL J. JR	
STREET ADDRESS	1000 38TH ST	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	STUBBLEFIELD, AL	
STREET ADDRESS	1717 NORTH "E" STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOORE, DUNCAN	
STREET ADDRESS	1300 MICCOSUKEE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nesmith, Wayne	
1.3 STREET ADDRESS	306 East College Avenue	
1.4 CITY-ST-ZIP	Tallahassee, FL	
2.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Covert, Michael H.	
2.3 STREET ADDRESS	1700 S. Tamiami Trail	
2.4 CITY-ST-ZIP	Sarasota, FL	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stubblefield, Al	
3.3 STREET ADDRESS	1717 North "E" Street	
3.4 CITY-ST-ZIP	Pensacola, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 **Wayne Nesmith** 3/30/98 (850) 222-9800

CR2E037 (10/97)