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Apr 02 1998 8:00am  
Secretary of State

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

1. Corporation Name

**ASSOCIATION OF COMMUNITY HOSPITALS AND HEALTH SY  
STEMS OF FLORIDA, INC.**

Principal Place of Business

**315 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**

3. Date Incorporated or Qualified

**06/19/1979**

4. FEI Number

**59-2204341**

Applied For

Not Applicable

2. Principal Place of Business

**21 306 East College Avenue**

Suite, Apt. #, etc.

2a. Mailing Address

**26 306 East College Avenue**

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

City & State

**23 Tallahassee, FL**

Zip

Country

**24 32301-1558**

City & State

**27 Tallahassee, FL**

Zip

Country

**29 32301-1558**

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

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 ☐ DELETE

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

TITLE ☒ DELETE

NAME **CD O'GRADY, MICHAEL J. JR**  
STREET ADDRESS **1000 38TH ST**  
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ DELETE

NAME **VCD STUBBLEFIELD, AL**  
STREET ADDRESS **1717 NORTH "E" STREET**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **STD MOORE, DUNCAN**  
STREET ADDRESS **1300 MICCOSUKEE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **PD Nesmith, Wayne**  
1.2 NAME **306 East College Avenue**  
1.3 STREET ADDRESS **Tallahassee, FL**  
1.4 CITY-ST-ZIP

2.1 TITLE **VCD** ☐ Change ☒ 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** ☒ Change ☐ Addition

3.2 NAME **Stubblefield, Al**  
3.3 STREET ADDRESS **1717 North "E" Street**  
3.4 CITY-ST-ZIP **Pensacola, FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007730

CR2E037 (10/97)