

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90038 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747731			
1. Corporation Name ASSOCIATION OF COMMUNITY HOSPITALS AND HEALTH SY STEMS OF FLORIDA, INC.			
Principal Place of Business 306 EAST COLLEGE AVE SUITE 808 - BARNETT BANK BLDG. TALLAHASSEE FL 32301-1558 US		Mailing Address 306 EAST COLLEGE AVE SUITE 808 - BARNETT BANK BLDG. TALLAHASSEE FL 32301-1836 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2204341	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NESMITH, WAYNE 306 EAST COLLEGE AVE TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESMITH, WAYNE			1.2 NAME			
STREET ADDRESS	306 EAST COLLEGE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> DELETE		2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COVERT, MICHAEL H.			2.2 NAME			
STREET ADDRESS	1700 S. TAMiami TR			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUBBLEFIELD, AL			3.2 NAME			
STREET ADDRESS	1717 NORTH "E" STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, DUNCAN			4.2 NAME			
STREET ADDRESS	1300 MICCOSUKEE RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Robert B. Hill		
STREET ADDRESS				5.3 STREET ADDRESS	2815 South Seacrest Blvd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Boynton Beach, FL 33435		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Wayne Nesmith* **REQUIRED** *Wayne Nesmith* **11/6/99 850-222-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)