FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:14

DOCUMENT # **760774** **(0)**

1. Corporation Name
BRADFORD HOSPITAL, INC.

Principal Place of Business	Mailing Address
~~720 SOUTHWEST 2ND AVE. SUITE #555~~ ~~P O BOX 1210~~ ~~GAINESVILLE FL 32601~~	8930 NW 39TH AVENUE P O BOX 1210 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1981**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2171581** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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 **8930 N.W. 39th Avenue**	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Gainesville, FL**	28 City & State
24 Zip: **32606** 25 Country: **USA**	29 Zip 30 Country

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
8930 NW 39TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, R.A.	1.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	FRENCH, ROYAL	2.2 NAME		
STREET ADDRESS	8930 NW 39TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	P	☒ Change ☐ Addition
NAME	PEDDIE, EDWARD C	3.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUJE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	~~DVC~~	4.1 TITLE	D	☐ Change ☐ Addition
NAME	SCOTT, OLIVIA	4.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	DC	5.1 TITLE		☐ Change ☐ Addition
NAME	~~DANIEL, C B~~	5.2 NAME	Daniel, C B	
STREET ADDRESS	8930 NW 39TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	DVC	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JAMES	6.2 NAME		
STREET ADDRESS	8930 NW 39TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

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)(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: E.C. Peddie 3/20/95 (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0002421

BRADFORD HOSPITAL

BOARD OF DIRECTORS (con't)

D	Dinkins, Arnold	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McKinley, Paul	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Mounger, William	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Moore, Jim	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Roark, Steven	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Cosby, Edgar	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Townsend, Wallace	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Bullard, Audrey	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Martsolf, Mary	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Nell, Cathy	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johnson, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D/T	Durrance, Jack	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Hetzel, Alan	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Johns, Linda	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Ayers, Isabelle	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Stechmiller, Bruce	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Daniel, C.B.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Rozboril, Michael	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Wise, Sandra	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Chance, Jean	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Powell, Rodger	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Carmichael, Majorie	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	McGranahan, Bob	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Fletcher, T.J.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	O'Neil, Gerald	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Owen, Mark	8930 N.W. 39th Avenue	Gainesville, FL 32606