

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760774

(0)

1. Corporation Name

BRADFORD HOSPITAL, INC.
BRADFORD HEALTH, INC.

NC
2-5-96
AEB



300001897383
-07/18/96--01008--047

Principal Place of Business

Mailing Address

8930 NW 39 AVE
GAINESVILLE FL 32606
US

8930 NW 39TH AVENUE
P O BOX 1210
GAINESVILLE FL 32606
US

3. Date Incorporated or Qualified
11/20/1981

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

21 4300 NW 89 Blvd

Suite, Apt. #, etc.

22 City & State

23 Gainesville FL

Zip

24 32606

Country

2a. Mailing Address

26 4300 NW 89 Blvd

Suite, Apt. #, etc.

27 City & State

28 Gainesville FL

Zip

29 32606

Country

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

8. 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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4300 NW 89 Blvd

83

84 City

Gainesville

FL

85 Zip Code

32606

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------|
| TITLE | D | DELETE |
| NAME | GREEN, R.A. | |
| STREET ADDRESS | 8930 NW 39TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | DS | DELETE |
| NAME | FRENCH, ROYAL | |
| STREET ADDRESS | 8930 NW 39TH AVE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | P | DELETE |
| NAME | PEDDIE, EDWARD C | |
| STREET ADDRESS | 8930 NW 39TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | DELETE |
| NAME | SCOTT, OLIVIA | |
| STREET ADDRESS | 8930 NW 39TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | DC | DELETE |
| NAME | DANIEL, C.B. | |
| STREET ADDRESS | 8930 NW 39TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | DVC | DELETE |
| NAME | WILLIAMS, JAMES | |
| STREET ADDRESS | 8930 NW 39TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | D/C | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 1.2 NAME | Carr, Ed.D., Glenna | |
| 1.3 STREET ADDRESS | 4300 NW 89 Blvd | |
| 1.4 CITY-ST-ZIP | Gainesville FL 32606 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 2.1 TITLE | D | |
| 2.2 NAME | French, Royal | |
| 2.3 STREET ADDRESS | 4300 NW 89 Blvd | |
| 2.4 CITY-ST-ZIP | GAINESVILLE FL 32606 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 3.1 TITLE | P | |
| 3.2 NAME | Peddie, Edward | |
| 3.3 STREET ADDRESS | 4300 NW 89 Blvd | |
| 3.4 CITY-ST-ZIP | Gainesville FL 32606 | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 4.1 TITLE | D/S | |
| 4.2 NAME | Bennett, Edwin | |
| 4.3 STREET ADDRESS | 4300 NW 89 Blvd. | |
| 4.4 CITY-ST-ZIP | Gainesville, FL 32606 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 5.1 TITLE | D/T | |
| 5.2 NAME | Dinkins, Arnold | |
| 5.3 STREET ADDRESS | 4300 NW 89 Blvd | |
| 5.4 CITY-ST-ZIP | Gainesville, FL 32606 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 6.1 TITLE | D/VC | |
| 6.2 NAME | Mounger, William | |
| 6.3 STREET ADDRESS | 4300 NW 89 Blvd | |
| 6.4 CITY-ST-ZIP | Gainesville, FL 32606 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)

760774

2-2

Bradford Health, Inc.
(Addendum to 1996 Corporation Annual Report)

D Bullard, Audrey, 4300 NW 89 Blvd, Gainesville, FL 32606

D Daniels, Al, 4300 NW 89 Blvd, Gainesville, FL 32606

D Martsof, Mary, 4300 NW 89 Blvd, Gainesville, FL 32606

D Nell, Cathy, 4300 NW 89 Blvd, Gainesville, FL 32606

D Townsend, Wallace, 4300 NW 89 Blvd, Gainesville, FL 32606

Asst Secretary Hughey, Philip J., 4300 NW 89 Blvd, Gainesville FL 32606