SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **766884** **(1)**

1. Corporation Name
PALM BAY COMMUNITY HOSPITAL, INC.

Principal Place of Business	Mailing Address
% MICHAEL D. MEANS 1350 S. HICKORY ST. MELBOURNE FL 32901	% MICHAEL D. MEANS 1350 S. HICKORY ST. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1983
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2485595 ☐ 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 ☒ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

STORMS, ELTING L.
1350 SOUTH HICKORY STREET
MELBOURNE FL 32901

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 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 _____ 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	CD	11 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, R. P. JR.	12 NAME		
STREET ADDRESS	409 E. ROXY AVE.	13 STREET ADDRESS	-delete-	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP		
TITLE	VCD	21 TITLE	CD	☒ Change ☐ Addition
NAME	MAGUIRE, MICHAEL F	22 NAME		
STREET ADDRESS	18 MARINA ISLES BLVD #304	23 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	GRAY, SALLY S.	32 NAME		
STREET ADDRESS	1306 S. MAGNOLIA	33 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	JONES, DAVID M.	42 NAME	Hollingsworth, A. Thomas	
STREET ADDRESS	842 PUESTA DEL SOL	43 STREET ADDRESS	1350 South Hickory Street	
CITY-ST-ZIP	INDIALANTIC FL	44 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	MEANS, MICHAEL D.	52 NAME		
STREET ADDRESS	1350 S. HICKORY ST.	53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	54 CITY-ST-ZIP		
TITLE	VCD	61 TITLE		☐ Change ☐ Addition
NAME	GATTO, MICHAEL	62 NAME		
STREET ADDRESS	13 WINDJAMMER POINT	63 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISL FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Michael D. Means 7/03/95 [407] 727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael D. Means, President

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