

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified
02/08/1983

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

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

81 Name **DAVID E. MATHIAS**

82 Street Address (P.O. Box Number is Not Acceptable)
1350 S. HICKORY ST

83 City **Melbourne**

84 FL 85 Zip Code **32901**

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 *David E. Mathias*
Signature typed or printed name of registered agent and title if applicable

David E. Mathias

4/16/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **MAGUIRE, MICHAEL F**
CITY-ST-ZIP **18 MARINA ISLES BLVD #304**
INDIAN HARBOUR BCH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1350 S. HICKORY STREET**
1.4 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **GRAY, SALLY S.**
CITY-ST-ZIP **1306 S. MAGNOLIA**
INDIALANTIC FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1350 S. HICKORY STREET**
2.4 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HOLLINGSWORTH, A THOMAS**
CITY-ST-ZIP **1350 S HICKORY ST**
MELBOURNE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **HOLLINGSWORTH, A. THOMAS**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MEANS, MICHAEL D.**
CITY-ST-ZIP **1350 S. HICKORY ST.**
MELBOURNE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VCD**
STREET ADDRESS **GATTO, MICHAEL**
CITY-ST-ZIP **13 WINDJAMMER POINT**
MERRITT ISL FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **1350 S. HICKORY STREET**
5.4 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *A. Thomas Hollingsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Thomas Hollingsworth, Treasurer

2/28/96

407 768-8000

Daytime Phone #

CR2E037 (12/95)