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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

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 32901-32763. Date Incorporated or Qualified  
02/08/19833a. Date of Last Report  
04/24/1996

4. FEI Number

59-2485595

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIAS, DAVID E.  
1350 S HICKORY ST  
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
8249 Devereux Drive

83

84 City

Melbourne

FL

85 Zip Code  
32940

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

1/14/97

Signature of registered 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 CD ☒ DELETE  
NAME MAGUIRE, MICHAEL F  
STREET ADDRESS 1350 S HICKORY ST  
CITY - ST - ZIP MELBOURNE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE SD ☒ DELETE  
NAME GRAY, SALLY S.  
STREET ADDRESS 1350 S HICKORY ST  
CITY - ST - ZIP MELBOURNE FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME SD  
2.3 STREET ADDRESS Henry, Allen S  
2.4 CITY - ST - ZIP 1350 S Hickory St  
Melbourne, FL 32901TITLE TD ☐ DELETE  
NAME HOLLINGSWORTH, A. THOMAS  
STREET ADDRESS 1350 S HICKORY ST  
CITY - ST - ZIP MELBOURNE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE P ☒ DELETE  
NAME MEANS, MICHAEL D.  
STREET ADDRESS 1350 S. HICKORY ST.  
CITY - ST - ZIP MELBOURNE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE VCD ☐ DELETE  
NAME GATTO, MICHAEL  
STREET ADDRESS 1350 S HICKORY ST  
CITY - ST - ZIP MELBOURNE FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME CD  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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 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 Gatto

Director

1/15/97

[407] 727-7000

CR2E037 (9/96)