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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2485595

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8249 Devereux Drive

26 8249 Devereux Drive

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
Melbourne, FL

28 City & State  
Melbourne, FL

24 Zip  
32940-7955

25 Country  
Brevard

29 Zip  
32940-7955

30 Country  
Brevard

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

Signature, typed 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 SD  
NAME HENRT, ALLEN S.  
STREET ADDRESS 1350 S. HICKORY ST.  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

1.1 TITLE PD  
1.2 NAME Larry F. Garrison  
1.3 STREET ADDRESS 8249 Devereux Drive  
1.4 CITY-ST-ZIP Melbourne, FL 32940-7955 ☐ Change ☒ Addition

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

2.1 TITLE SD  
2.2 NAME David E. Mathias  
2.3 STREET ADDRESS 8249 Devereux Drive  
2.4 CITY-ST-ZIP Melbourne, FL 32940-7955 ☐ Change ☒ Addition

TITLE CD  
NAME GATTO, MICHAEL  
STREET ADDRESS 1350 S HICKORY ST  
CITY-ST-ZIP MELBOURNE FL ☒ DELETE

3.1 TITLE TD  
3.2 NAME Robert C. Galloway  
3.3 STREET ADDRESS 8249 Devereux Drive  
3.4 CITY-ST-ZIP Melbourne, FL 32940-7955 ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 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:

*[Signature]*

Secretary

03/20/98 [407] 752-4355

CP2E037 (10/97)