NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 766884**

1. Corporation Name

PALM BAY COMMUNITY HOSPITAL, INC.

Principal Place of Business
% MICHAEL D. MEANS
MELBOURNE FL 32940-955
US

2. Principal Place of Business

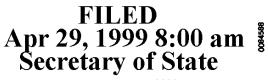
21 8249 Devereux Drive

Mailing Address

2a. Mailing Address

829 DEVEREUX DRIVE MELBOURNE FL 32940-955

8249 Devereux Drive



04-29-1999 90246 010 \*\*\*\*61.25



3. Date incorporated or Qualifed

02/08/1983

Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Applie	a For	
22	27			59-2485595			Not Applicable		
City & State					5. Certifcate of Status Desired		. <b>75</b> Add ee Requi		
Zip	Country	Zip	Countr	y	6. Election Campaign Financing	<u>\$</u>	5.00 Ma	av Be	
24 32940 -7955 25 29 32940 -7955 30					Trust Fund Contribution		dded to F		
	9. Name and Address of Curren		1		10. Name and Address of New F	egistered Agent			
			8	Name					
MATHIAS, DAVID E.				Street Addr	ress (P.O. Box Number is Not Accepta	bla)			
8249 DEVEREUX MELBOURNE FL 32940				Street Acci	less (F.O. Box Number is Not Accepte	Die)			
MILLEOOF	HILL I L 32940		_			- las I	Zip Cod	to	
			8-	City		FL  85	Zip Coo	16	
11. Pursuant i	to the provisions of Sections 617,050	2 and 617.1508. Florida Statu	ites, the abo	/e-named corp	poration submits this statement for the	purpose of changi	ng its reç	gistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was	authorized by	y the corporation	on's board of directors. I hereby accep	it the appointment	as regist	tered	
SIGNATURE									
	Signature, typed or printed name of registered agen		E: Registered Age	ent signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIR	ECTORS	IN 12	
12.	, , , , , , , , , , , , , , , , , , ,	D DIRECTORS		<del></del>	ADDITIONO/CHANGES TO OF			Addition	
TITLE	PD	CT DEFETE	1.1 TTLE				Lingo		
NAME	GARRISON, LARRY F		1.2 NAME						
STREET ADDRESS	8249 DEVEREUX DRIVE			TADORESS					
CITY-ST-ZIP	MELBOURNE FL 32940-7955	O SELETE	1.4 CITY-	ST-ZIP			22000	☐ Addition	
TITLE	SD	☐ DELETE	2.1 TITLE			பூப	iai ige		
NAME	MATHIAS, DAVID E		2.2 NAME						
STREET ADDRESS	8249 DEVEREUX DRIVE		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32940-7955		2. 4 CITY-	ST-ZIP				Addition	
TITLE	ΤD	☐ DELETE	3.1 TITLE			LJO	ange	Addidon	
NAME	GALLOWAY, ROBERT C		3.2 NAME						
STREET ADDRESS	8249 DEVEREUX DRIVE		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32940-7955		3.4. CITY					CT Addision	
TITLE		☐ DELETE	4.1 TITLE			C) CI	ange	☐ Addition	
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		File			
TITLE		☐ DELETE	5.1 TITLE	ł	•	□ ¢ł	ange	Addition	
NAME			5.2 NAME	i					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				<b>—</b>	
TITLE		☐ DELETE	6.1 TITLE				ıange	☐ Addition	
	İ		6.2 NAME	1					
NAME									
NAME STREET ADDRESS				ET ADDRESS					

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 path; 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, with all other like empowered.

SIGNATURE: / /

UR Robert C. Galloway, Treas

4/16/99 Date

434-4300

Daytime Phone #