FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768786 (6)

1. Corporation Name

WATERMAN MEMORIAL HOSPITAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12 N. BAY ST. EUSTIS FL 16388-4528	812 N. BAY STREET EUSTIS FL 16388-4528 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1983
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2330166 ☐ 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 ☑ $68.75 Supplemental Fee Not Required
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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

OSBORNE, ZEBULON L.
812 N BAY ST
EUSTIS FL 32726

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 607.0502 and 607.1508, 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 607.0505, 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	CD	☒ Change ☐ Addition
NAME	KIRKPATRICK, JOHN B.	12 NAME	Rou, ANN H.	
STREET ADDRESS	1601 BUENA VISTA DR	13 STREET ADDRESS	2000 Country Club Drive	
CITY-ST-ZIP	EUSTIS FL	14 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	COMFORT, LYNDA	22 NAME		
STREET ADDRESS	2560 SR 44	23 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JAMES	32 NAME		
STREET ADDRESS	405 SASSAFRAS LANE	33 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE	VCD	☒ Change ☐ Addition
NAME	ROU, ANN H.	42 NAME	Osborne, Zebulon L.	
STREET ADDRESS	COUNTRY CLUB DR.	43 STREET ADDRESS	812 N. Bay Street	
CITY-ST-ZIP	EUSTIS FL	44 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	P	51 TITLE	P	☒ Change ☐ Addition
NAME	OSBORNE, ZEBULON L.	52 NAME	Young, Anita J.	
STREET ADDRESS	812 N. BAY ST.	53 STREET ADDRESS	812 N. Bay Street	
CITY-ST-ZIP	EUSTIS FL	54 CITY-ST-ZIP	Eustis, FL 32726	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the 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: Anita J. Young 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date (Optional Format)

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