

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

DOCUMENT # 833971 (5)

1. Corporation Name

INNER HARBOUR HOSPITALS, LTD., A NONPROFIT CORPORATION

Principal Place of Business

Mailing Address

HC 62
BOX 73
CARRABELLE FL 32322-9711

HC 62
BOX 73
CARRABELLE FL 32322-9711



3. Date Incorporated or Qualified

03/11/1975

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 4685 Dorsett Shoals Road

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 Douglasville, Georgia

24 Zip 25 Country 29 30135 30 Douglas

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

BARCLAY, JAMES M
131 N GADSDEN ST
TALLAHASSEE FL 32301

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 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

☐ DELETE

TITLE DT
NAME IZENOUR, STEVE
STREET ADDRESS 4685 DORSETT SHOALS RD.
CITY-ST-ZIP DOUGLASVILLE GA

TITLE VC
NAME BOLTON, IRIS
STREET ADDRESS 4685 DORSETT SHOALS RD.
CITY-ST-ZIP DOUGLASVILLE GA

TITLE O
NAME HUTCHINSON, WILLIAM
STREET ADDRESS HC 62 BOX 73 N/A
CITY-ST-ZIP CARRABELLE FL

TITLE ST
NAME MAYHEW, HELYN
STREET ADDRESS 4685 DORSETT SHOALS RD.
CITY-ST-ZIP DOUGLASVILLE GA

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition

1.2 NAME Izenour, Steve
1.3 STREET ADDRESS 4685 Dorsett Shoals Road
1.4 CITY-ST-ZIP Douglasville, GA 30135

2.1 TITLE C ☒ Change ☐ Addition

2.2 NAME Smucker, Tim
2.3 STREET ADDRESS 4685 Dorsett Shoals Road
2.4 CITY-ST-ZIP Douglasville, GA 30135

3.1 TITLE DD ☒ Change ☐ Addition

3.2 NAME Hatcher, Herschel
3.3 STREET ADDRESS 4685 Dorsett Shoals Road
3.4 CITY-ST-ZIP Douglasville, GA 30135

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500001800525
5.3 STREET ADDRESS -04/30/96--01011--048
5.4 CITY-ST-ZIP ***61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-896

(770) 942-2391

Date

Daytime Phone #

5-11-96

CR2E037 (12/95)