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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	4685 DORSETT SHOALS ROAD DOUGLASVILLE GA 30135-4921

3. Date Incorporated or Qualified: **03/11/1975**
3a. Date of Last Report: **04/28/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **58-0873694** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARCLAY, JAMES M
131 N GADSDEN ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002190931 -05/27/97--01019--021 ***61.25
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 _____ 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	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	IZENOUR, STEVE		1.2 NAME	SCROGGY, RONALD	
STREET ADDRESS	4685 DORSETT SHOALS RD.		1.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA		1.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	VCT	☐ DELETE	2.1 TITLE	C	☒ Change ☐ Addition
NAME	BOLTON, IRIS		2.2 NAME	HUCKABY, HANK	
STREET ADDRESS	4685 DORSETT SHOALS RD.		2.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA		2.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	CD	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	SMUCKER, TIM		3.2 NAME	MAYHEW, HELYN	
STREET ADDRESS	4685 DORSETT SHOALS RD		3.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135		3.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	D	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HATCHER, HERSCHEL		4.2 NAME	MARSHALL, GAIL	
STREET ADDRESS	4685 DORSETT SHOALS RD		4.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP	DOUGLASVILLE GA 30135		4.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE		☐ DELETE	5.1 TITLE	TR	☒ Change ☐ Addition
NAME			5.2 NAME	EDWARDS, JERALD	
STREET ADDRESS			5.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE		☐ DELETE	6.1 TITLE	TR	☒ Change ☐ Addition
NAME			6.2 NAME	DAHLKE, WAYNE	
STREET ADDRESS			6.3 STREET ADDRESS	4685 DORSETT SHOALS ROAD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DOUGLASVILLE GA 30135	

5-14-97

CR2E037 (9/96)

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: HERSCHEL HATCHER & _____ DATE