

2-18-98 B 2275-C
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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833971 (5)

1. Corporation Name

INNER HARBOUR HOSPITALS, LTD., A NONPROFIT CORP
ORATION

Principal Place of Business

Mailing Address

HC 62
BOX 73
CARRABELLE FL 32322-9711

4685 DORSETT SHOALS ROAD
DOUGLASVILLE GA 30135

3. Date Incorporated or Qualified

03/11/1975

4. FEI Number

58-0873694

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TD
STREET ADDRESS SCROGGY, RONALD
CITY-ST-ZIP 4685 DORSETT SHOALS ROAD
DOUGLASVILLE GA 30135

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME CD
STREET ADDRESS SMUCKER, TIM
CITY-ST-ZIP 4685 DORSETT SHOALS RD
DOUGLASVILLE GA 30135

TITLE ☐ DELETE

NAME D
STREET ADDRESS HATCHER, HERSCHEL
CITY-ST-ZIP 4685 DORSETT SHOALS RD
DOUGLASVILLE GA 30135

TITLE ☐ DELETE

NAME C
STREET ADDRESS HUCKABY, HANK
CITY-ST-ZIP 4685 DORSETT SHOALS ROAD
DOUGLASVILLE GA 30135

TITLE ☐ DELETE

NAME T
STREET ADDRESS MAHEW, HELYN
CITY-ST-ZIP 4685 DORSETT SHOALS ROAD
DOUGLASVILLE GA 30135

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)