

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90067 024 ****61.25

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DOCUMENT # 833971

1. Corporation Name

INNER HARBOUR HOSPITALS, LTD., A NONPROFIT CORPORATION

Principal Place of Business

HC 62
BOX 73
CARRABELLE FL 32322-9711

Mailing Address

4685 DORSETT SHOALS ROAD
DOUGLASVILLE GA 30135

* 1 5 4 8 7 4 8 7 2 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/11/1975

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

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

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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE C
2.2 NAME DAHLKE, WAYNE
2.3 STREET ADDRESS 4685 Dorsett Shoals Road
2.4 CITY-ST-ZIP Douglasville GA 30135

3.1 TITLE TR
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 TR
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

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770-942-2391

Daytime Phone #

CR2E037 (11/98)