

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F66925** (1)

1. Corporation Name
NATIONAL MEDICINE CENTER-WINTER HAVEN, INC.



Principal Place of Business
**510 SE FIRST STREET
WINTER HAVEN FL 33880**

Mailing Address
**510 SE FIRST STREET
WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified **02/11/1982** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2171301** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**KENNEDY WILLIAM P
220 TRISMEN TERR
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **Griggs, Stephen P.**

82 Street Address (P.O. Box Number is Not Acceptable) **4506 L.B. McLeod Road, Suite F**

83

84 City **Orlando** FL 85 Zip Code **32811**

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: *Stephen P. Griggs* 8/5/96
Signature typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, WILLIAM P	
STREET ADDRESS	220 TRISMEN TERR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LEE, BARBARA J	
STREET ADDRESS	2012 WANHOO RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, WILLIAM II	
STREET ADDRESS	2171 GLENCOE RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Griggs, Stephen P.	
1.3 STREET ADDRESS	4506 L.B. McLeod Road, Suite F	
1.4 CITY-ST-ZIP	ORLANDO, FL 32811	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Irish, Rebecca P.	
2.3 STREET ADDRESS	4506 L.B. McLeod Road, Suite F	
2.4 CITY-ST-ZIP	ORLANDO, FL 32811	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen P. Griggs* 8/5/96 407-891-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)