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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90200 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F66925**

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

Principal Place of Business
 4506 LB MCLEOD RD
 SUITE F
 ORLANDO FL 32811

Mailing Address
 P.O. BOX 536576
 ORLANDO FL 32853
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1982

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

4. FEI Number	Applied For
59-2171301	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, STEPHEN P		1.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD, STE F		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIOMEK, JANET L		2.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD, SUITE F		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVELL, N. SCOTT		3.2 NAME	
STREET ADDRESS	4506 L.B. MCLEOD RD, SUITE F		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC		4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL		5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 607, 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**

Date: 4/21/99 Daytime Phone #: 407-841-2115

CR2E034 (1/198)