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

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

F95000004177 (0)

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032,	• Corporation	Marie	•	•				
Supplied	FLORIDA HCA, INC.					1 1 0 6 11 0 6 1110 10 10 10 10 10 10 10 10 10 10 10 1	E B 144 B B 141 B B 141 B 147	ib u 1184 kabupatèn 1 88 1
Section Public of Disease Public of Publ	Principal Place	of Business	Mailing Address	Mailing Address				
Principal Pass of Business 2a, Mainy Andress 2a, Mainy Andress 59,3237211 Not Applicable 59,0237211 Not Applicab								
2. Process Place of Reservoir 28						,	3a. Date of L	ast Report
Solic April 1, etc. 20	2. Principal Pla	ce of Business	2a. Mailing Address				ــــــــــــــــــــــــــــــــــــــ	Applied For
Solic April 1, etc. 20	21		26	26		59-3237211 Not Ar		+ • · · · · · · · · · · · · · · · · · ·
23	Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			\$ [*]	8.75 Additional
28	22		27	27		C. Gentiledie of States Desired		Fee Required
20								
25 29 30						<u></u>	· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
10. Name and Address of New Registered Agent	 -	· · · · · · · · · · · · · · · · · · ·	* · i · ·	}- ·· ₁				
VALIGHAN, DAVID R 510 VONDERBURG OR., STE 3002 82 Sheet Address (P.O. Box Number is Not Acceptable) 82 Sheet Address (P.O. Box Number is Not Acceptable) 83 20 Code	24[11		[30]				
STAND VONDERBURG DR., STE 3002 83 20 Code		`		81	Name		og.oto.ou /igo.	<u></u>
STAND VONDERBURG DR., STE 3002 83 20 Code	VALIGHA	N DAVID R			Otto and Building	O O Day Name of No. Association	1-)	
63				82	82 Street Address (P.O. Box Number is Not Acceptable)			
THE PUT ONDERBURG DR. STE 3002 STREET ADDRESS STREET ADDRESS CITY. ST. 2P LOKOUT MOUNTAIN TN DELETE \$ 4 City. ST. 2P \$ 2p Code \$ 2p Street Landers \$ 2p Street Landers				83				
THE PUT OFFICERS AND DIRECTORS THE VAUGHAN, DAVID R STREET ADDRESS CITY, S1, 2P THE SUMMER BROWN, O S STREET ADDRESS CITY, S1, 2P THE DELETE DELETE DELETE DELETE DELETE DELETE DELE	0,14,00			04	O:L			-1
or registered agent, or both, in the State of Florich. Such change was additionared by the outportation's board of directors. Thereby accept the appointment as registered agent, it am familiar with, and accept the obligations of Section 607 (1905, Florich Statutes.) 12.				04	City		FL 81) Zip Code
13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12	or registere familiar with SIGNATURE	ed agent, or both, in the State of Flo h, and accept the obligations of, Ser	rida. Such change was authorizi ction 607.0505, Florida Statutes	ed by the corpo	oratíon's board	of directors. Thereby accept the appo	pintment as regis	g its registered office stered agent. I am
TillE			and the contract of the contra		t signature se priled i			ECTORS IN 13
NAME					-	ADDITIONS CHANGES TO OFF		
STREET ADDRESS STRE								
CITY - ST - 7P	STREET ADDRESS		E 3002					
TITLE				1.4 CiTY - ST - ZiP				
STREET ADDRESS SOA W. BROW ROAD COKOUT MOUNTAIN TN						☐ Change ☐ Addition		nange 🔲 Addition
CITY - ST - 21P	NAME	BROWN, O S		2.2 NAME				
TITLE	STREET ADDRESS	903 W. BROW ROAD		2.3 STREET ADDRESS				
NAME	CITY - ST - ZIP	LOOKOUT MOUNTAIN TN						
STREET ADDRESS 33 STREET ADDRESS 34 CHY - ST - ZIP TITLE	TITLE		☐ DELETE	3 1 HILE			CH	nange 🔲 Addition
CITY_ST_ZIP	NAME			3.2 NAME				
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NAME								
STREET ADDRESS							្រាប	lange [] Addition
CITY-ST-ZIP				1	*D00500			
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NAME STREET ADDRESS CITY_SI_ZIP TILE DELETE 6 1 TILE Change Addition 62 NAME STREET ADDRESS CITY_SI_ZIP 14 Lighter or the proper certify that the information suppried with this filter is solubleful does not qualify for the execution stated in Section 119 07/30/W. Florida Statutes further								nange
STREET ADDRESS CITY-ST-ZIP TILE DELETE 6 1 TILLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 6-2 NAME 6-2 NAME 6-3 STREET ADDRESS CITY-ST-ZIP 6-4 CITY-ST-ZIP 6-4 CITY-ST-ZIP 7-4 Ligo hereby certify that the information supplied with this filter is soluble by discharge and description stated in Section 119 07/30/W. Elevide Statutes Unither				T. Contract of the contract of				Total Control
CITY-ST-ZIP TILE DELETE 6 1 TILE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 THERE ADDRESS CITY-ST-ZIP 65 THERE ADDRESS CITY-ST-ZIP 65 THERE ADDRESS 66 CITY-ST-ZIP 66 CITY-ST-ZIP					ADDRESS			
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CITY-SI-ZIF 64 CITY-SI-ZIF 14 Lide berealty continue that the information supplied with this filter is soluntarily furgished and does not qualify for the execution stated in Section 119 07/Gitty Elevide Statutes further	NAME			6.2 NAME			_	
14. I do hardby partity that the information currenced with this filter is soluntarily functional and close not qualify by the execution stated in Section 119 07/3/lb. Florida Statutes I further	STREET ADDRESS			6.3 STREET	ADORESS			
14. I do hereby certify that the information supplied with this filing is foluntarily 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 supplied 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 corpit at an order restricted by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to Spaced, or the height those with an address.	City-St-ZiP			6.4 CHTY - S	I - ZIF			•
	14. I do hereby certify that oath, that I appears in	y certify that the information supplied the information indicated on this an lam an officer or director of the corp Block 12 or Black 13 inchanced to	I with this filing is coluntarity furn numreport or supplemental arm or alon or the rectiver or truste on the alid those with accepta-	hished and doe hual report is tru he empowered t ress	s not qualify for se and accurate to execute this	r the exemption stated in Section 119, a and that my signature shall have the report as required by Chapter 607, Fla	07(3)(k), Florida same legal effec orida Statutes; a	Statutes, I further at as if made under and that my name

SIGNATURE:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNAGO FEET OF DIRECTOR

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Daytme Prone #

H2E034 (12/95)