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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F96000002436 (1)

1. Corporation Name
HCPIII WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
6000 MEADOWBROOK MALL. STE 200 CLEMMONS NC 27012	6000 MEADOWBROOK MALL. STE 200 CLEMMONS NC 27012

3. Date Incorporated or Qualified: 05/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 689 Deltona Blvd.
Suite, Apt. #, etc. 22
City & State 23: Deltona FL
Zip 24: 32725 Country 25: USA

2a. Mailing Address
26 689 Deltona Blvd.
Suite, Apt. #, etc. 27
City & State 28: Deltona FL
Zip 29: 32725 Country 30: USA

4. FEI Number: 56-1972322 ☐ 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

9. Name and Address of Current Registered Agent

PREMIERE ASSOCIATES MANAGEMENT CO., INC.
689 DELTONA BLVD.
DELTONA FL 32725-8019

10. Name and Address of New Registered Agent

81 Name: Galen Goetz
82 Street Address (P.O. Box Number is Not Acceptable): 689 Deltona Blvd.
83
84 City: Deltona FL 85 Zip Code: 32725

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: _____ Dir. Legal Affairs, Galen Goetz 3/13/97
Signature, type or print 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWAIN, W S		1.2 NAME		
STREET ADDRESS	6000 MEADOWBROOK MALL, STE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERZOG, L P		2.2 NAME		
STREET ADDRESS	689 DELTONA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUENCHOW, M R		3.2 NAME		
STREET ADDRESS	6000 MEADOWBROOK MALL, STE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHINS, FAYE		4.2 NAME		
STREET ADDRESS	6000 MEADOWBROOK MALL, STE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, TROY		5.2 NAME		
STREET ADDRESS	6000 MEADOWBROOK MALL, STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEMMONS NC		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, JEWEL		6.2 NAME		
STREET ADDRESS	689 DELTONA BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE IS REQUIRED 1-23-97 407-860-0689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #