FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # **F96000004611 (7)**

1. Corporation Name
SUMMIT HOSPITAL OF SOUTWEST FLORIDA, INC.

Principal Place of Business
5 CONCOURSE PKWY., #800
ATLANTA GA 30328-6111

Mailing Address
5 CONCOURSE PKWY., #800
ATLANTA GA 30328-6101

3. Date Incorporated or Qualified: **09/09/1996**
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29): 30328-6111
Country (30):

4. FEI Number: **APPLIED FOR** ☐ 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
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
MIAMI FL 33131

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 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

TITLE	PD	☐ DELETE
NAME	COUCH, KENNETH W	
STREET ADDRESS	5 CONCOURSE PKWY., #800	
CITY-ST-ZIP	ATLANTA GA 30328-6111	
TITLE	VDC	☐ DELETE
NAME	FITZGERALD, MICHAEL E	
STREET ADDRESS	5 CONCOURSE PKWY., #800	
CITY-ST-ZIP	ATLANTA GA 30328-6111	
TITLE	VD	☐ DELETE
NAME	ADAMS, WILLIAM D	
STREET ADDRESS	5 CONCOURSE PKWY., #800	
CITY-ST-ZIP	ATLANTA GA 30328-6111	
TITLE	VS	☐ DELETE
NAME	RUSSELL, PATRICIA	
STREET ADDRESS	5 CONCOURSE PKWY., #800	
CITY-ST-ZIP	ATLANTA GA 30328-6111	
TITLE	DC	☐ DELETE
NAME	CRIBB, REMBERT T	
STREET ADDRESS	5 CONCOURSE PKWY., #800	
CITY-ST-ZIP	ATLANTA GA 30328-6111	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***165.00

5/1/97

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: _____ 04-14-97 770-392-1454

CR2E034 (9/96)