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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001105 (2)

1. Corporation Name

BEACON HEALTH SYSTEMS, INC.



Principal Place of Business

2511 PONCE DE LEON BLVD., 5TH FL.
CORAL GABLES FL 33134

Mailing Address

2511 PONCE DE LEON BLVD., 5TH FL.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

65-0624851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

P.O. Box 14-9080

27

Suite, Apt. #, etc.

28

City & State

29

Coral Gables, FL

30

Zip

Country

31

33114-9080

32

USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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

NAME

STREET ADDRESS

CITY-ST-ZIP

CP

NOONAN, RAYMOND E

2430 BARCELONA DR.

FT. LAUDERDALE FL 33301

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

PLANA, NESTOR J

1110 COUNTRY CLUB PRADO

CORAL GABLES FL 33134

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

DUTHIE, ANGUS M

TEN SOUTH WACKER DR., STE. 2575

CHICAGO IL 60606

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BUCHANAN, STEPHEN W

2700 COLTSGATE RD., STE. 202

CHARLOTTE NC 28211

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

YOUNG, FRANK L

1115 COUNTRY CLUB PRADO

CORAL GABLES FL 33134

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Michael F. Cronin

One Federal Street, 21st Floor

Boston, MA 02110

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-98

(305) 460 2000

CR2E034 (10/97)