

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90102 021 \*\*\*150.00

DOCUMENT # F97000001105

1. Corporation Name  
BEACON HEALTH SYSTEMS, INC.

Principal Place of Business  
2511 PONCE DE LEON BLVD., 5TH FL.  
CORAL GABLES FL 33134

Mailing Address  
PO BOX 14-9080  
CORAL GABLES FL 33114-080  
US

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 25 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

81 Name  
Insurance Commissioner/Capitol

82 Street Address (P.O. Box Number is Not Acceptable)  
200 East Gaines Street

83

84 City  
Tallahassee

85 Zip Code  
FL 32399

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 CP ☐ DELETE  
NAME NOONAN, RAYMOND E  
STREET ADDRESS 2430 BARCELONA DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME NOONAN, RAYMOND E.  
1.3 STREET ADDRESS 2503 Sea Island Drive  
1.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33301

TITLE D ☐ DELETE  
NAME PLANA, NESTOR J  
STREET ADDRESS 1110 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DUTHIE, ANGUS M  
STREET ADDRESS TEN SOUTH WACKER DR., STE. 2575  
CITY-ST-ZIP CHICAGO IL 60606

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DUTHIE, ANGUS M.  
3.3 STREET ADDRESS 2551 Shannon Road  
3.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE D ☐ DELETE  
NAME BUCHANAN, STEPHEN W  
STREET ADDRESS 2700 COLTSGATE RD., STE. 202  
CITY-ST-ZIP CHARLOTTE NC 28211

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME BUCHANAN, STEPHEN W.  
4.3 STREET ADDRESS 337 Forest Trail Drive  
4.4 CITY-ST-ZIP Matthews, NC 28105

TITLE S ☐ DELETE  
NAME YOUNG, FRANK L  
STREET ADDRESS 1115 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME YOUNG, FRANK L.  
5.3 STREET ADDRESS 1115 Country Club Prado  
5.4 CITY-ST-ZIP Coral Gables, Florida 33134

TITLE D ☐ DELETE  
NAME CRONIN, MICHAEL F  
STREET ADDRESS 1 FEDERAL ST 21ST FL  
CITY-ST-ZIP BOSTON MA 02110

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME CRONIN, MICHAEL F.  
6.3 STREET ADDRESS 46 Westland Road  
6.4 CITY-ST-ZIP Weston, MA 02193

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1999

Date

(305) 774-2591

Daytime Phone #

0177164

CR2E034 (11/98)