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

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

23

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FLORIDA DEPARTMENT OF \$1ATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F98000005317
1. Corporation Name	1 0000000017

FIRST HOSPITAL CORPORATION OF NORFOLK

240 CORPORATE BOULEVARD NORFOLK VA 23502	240 CORPORATE BOULEVARD NORFOLK VA 23502			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc	Suite, Apt. #, etc.			
22	27			

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Mailing Address

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

Country

9. Name and Address of Current Registered Agent

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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3. Date incorporated or Qualifed 109/22/1998		
4. FEI Number 54-1326794		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
54-1326794 5. Certificate of Status Desired 6. Election Campaign Financing	ent year	Intangible [] Yes X No

82 83 84

10. Name and Address of New Registered Agent

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 of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

Country

81, Name

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12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	RS IN 12
TITLE	PC	E'I pevete	11 TITLE	PD	🔀 Change	[Add to
AME	DOZORETZ, RONALD I		1.2 NAME	1 1		
TREET ADORESS			13 STREET ADDRESS			
ITY-ST-ZIP	NORFOLK VA 23502		14 Offy - \$1-2#/			
TITLE	V	[] DELETE	2 1 TILLE		[Change	ontbbA[]
NAME	IRBY, EDWARD C JR		22 NAME			
TREET ADDRESS	240 CORPORATE BOULEVARD		23 STREET ADDRESS			
OTY-ST-ZIP	NORFOLK VA 23502		2 4 C(1) - \$1 - 2)(
TITLE	V	DELETE	3 1 TITLE		[Change	[] Additio
ALE	TURNER, WILLIAM E		3.2 NAME			
STREET ADORESS	240 CORPORATE BOULEVARD		33 STREET ADDRESS			
DITY-ST-ZIP	NORFOLK VA 23502		34 C/TY+ST-2e*			
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NAME	NUSS, GLORIA J		4 2 NAME	(
STREET ADDRESS	240 CORPORATE BOULEVARD		43 STREET ADORESS			
CITY-ST-ZIP	NORFOLK VA 23502		4.4.CITY-\$1-2iP			
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NAME	TAYLOR, MICHAEL A		5.2 NAME			
STREET ADDRESS	/		\$3 STREET APORESS	1		
CITY-S1-ZIP	NORFOLK VA 23502		54 CITY-57-7F			
ITLE		[] DELETE	ETTOLE	Asst.T	[] Change	X Adoto
IANE			6.2 NAME	Thomas E. Oram		
STREET ADDRESS			63\$18FET ADDRESS			111
CMY-ST-ZIP	1		6.4 O(T) - \$1 - 7(0)	Norfolk, VA 23502		IMI

14. I hereby certify that the information supplied with this filir g 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 oals, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Irby