## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

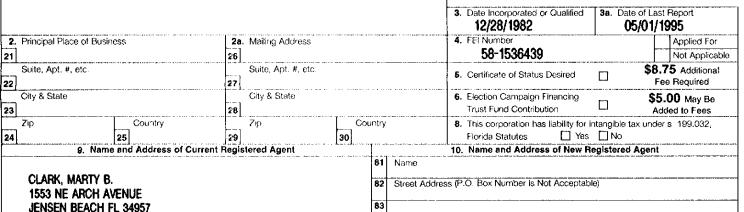
DOCUMENT # **G15540** 

(9)

FLORIDA HEALTH FACILITIES CORP. (OF INDIAN RIVER COUNTY)

Principal Place of Business 1553 NE ARCH AVENUE JENSEN BEACH FL 34957 Mailing Address

1553 NE ARCH AVENUE JENSEN BEACH FL 34957



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.

City

12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	1. 1 TIILE	Change	Addition Addition
NAME	CLARK CHRISTOPHER A		1.2 NAME		
STREET ADDRESS	1553 NE ARCH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY - ST - ZIP		
TITLE	AS	[] DELETE	2 1 TITLE	☐ Change	Addition
NAME	stone, John H.		2 2 NAME		
STREET ADDRESS	1119 HIGH STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	DES MOINES IA		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change	Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - S1 - ZIP		
THTLE		[]] DELETE	4. 1 TITLE	☐ Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5. 1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CrTY+ST-ZrP		
TITLE		☐ DEFETE	6 1 TITLE	☐ Change	☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 OF PRIFTED NAME OF SIGNING OFFICER OF DIRECTOR

3/96 (407)334-8600

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Zip Code