

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G31672** (0)

1. Corporation Name
NATIONAL MEDICINE CENTER-HAINES CITY, INC.

Principal Place of Business

Mailing Address

**1683 HINSON AVENUE
HAINES CITY FL 33844**

**1683 HINSON AVENUE
HAINES CITY FL 33844-4908**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4506 L.B. McLeod Rd.**

22 City & State

27 **Suite F**

23 Zip

Country

28 Zip

Country

24

25

29 **32811**

30 **Orange**

9. Name and Address of Current Registered Agent

**WILLIAM P. KENNEDY
220 TRIMEN TERRACE
WINTER PARK FL 32789**

3. Date Incorporated or Qualified

04/04/1983

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2295153

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Stephen P. Griggs

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

4506 L.B. McLeod Rd.

83

Suite F

84 City

Orlando

85

Zip Code

FL

32811

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]

2/17/97

Signature of officer or director of corporation or registered agent and not applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, WILLIAM P.	
STREET ADDRESS	220 TRIMEN TERRACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, WILLIAM P.	
STREET ADDRESS	220 TRIMEN TERR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEE, BARBARA J.	
STREET ADDRESS	2012 IVANHOE RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen P. Griggs	
1.3 STREET ADDRESS	4506 L.B. McLeod Rd. Ste F	
1.4 CITY-ST-ZIP	Orlando, FL 32811	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rebecca R. Irish	
2.3 STREET ADDRESS	4506 L.B. McLeod Rd. Ste F	
2.4 CITY-ST-ZIP	Orlando, FL 32811	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/17/97
Date

(407) 844-2115
Daytime Phone

0394030

CR2E034 (9/96)