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FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G52571** (8)

1. Corporation Name

**FIRST HOSPITAL CORPORATION OF FLORIDA**

Principal Place of Business

**% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Mailing Address

**% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324-4413**

3. Date Incorporated or Qualified  
**08/03/1983**

3a. Date of Last Report  
**03/19/1996**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-1244838**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE  
NAME **IRBY, EDWARD C**  
STREET ADDRESS **1203 GATES AVE**  
CITY- ST- ZIP **NORFOLK VA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **T** ☐ DELETE  
NAME **TAUSIG, WILLIAM B.**  
STREET ADDRESS **5444 HARGROVE BLVD.**  
CITY- ST- ZIP **VIRGINIA BCH. FL**

2.1 TITLE **Treasurer** ☒ Change ☐ Addition  
2.2 NAME **Timothy D. McCarthy**  
2.3 STREET ADDRESS **240 Corporate Blvd**  
2.4 CITY- ST- ZIP **Norfolk VA 23502**

TITLE **S** ☐ DELETE  
NAME **NUSS, GLORIA J.**  
STREET ADDRESS **605 GLENROSE CT**  
CITY- ST- ZIP **CHESAPEAKE VA**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE **P** ☐ DELETE  
NAME **DOZORETZ, RONALD I MD**  
STREET ADDRESS **240 CORPORATE BLVD**  
CITY- ST- ZIP **NORFOLK VA**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE **VP** ☒ DELETE  
NAME **STEVE LINEHAN**  
STREET ADDRESS **240 CORPORATE BLVD.**  
CITY- ST- ZIP **NORFOLK VA 23502**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE **VP** ☒ DELETE  
NAME **GRDEN, NANCY**  
STREET ADDRESS **240 CORPORATE BLVD.**  
CITY- ST- ZIP **NORFOLK VA 23502**

6.1 TITLE ☐ Change ☐ 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: **Timothy D. McCarthy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/97**

Daytime Phone #

0284086

CR2E034 (9/96)