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Jan 24 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 # G52664

(1)

1. Corporation Name
FLORIDA HEALTH FACILITIES, INC.

Principal Place of Business

21808 STATE RD 54
LUTZ FL 33549
US

Mailing Address

577 MULBERRY STREET
POST OFFICE BOX 209
MACON GA 31202-0209



3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
58-1860493

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 STREET
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 type and 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	D	COBERN, JOSEPH M.	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		3414 PEACHTREE RD NE, SUITE 1400	
CITY-ST-ZIP		ATLANTA GA	
TITLE	D	MCRAE, GLENN A	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		577 MULBERRY ST	
CITY-ST-ZIP		MACON GA	
TITLE	DV	MCCAULEY, JOHN C	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		577 MULBERRY STREET	
CITY-ST-ZIP		MACON GA	
TITLE	P	O'SHAUGHNESSY, JON C.	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		3414 PEACHTREE RD, NE SUITE 1400	
CITY-ST-ZIP		ATLANTA GA	
TITLE	S	FILUSH, JAMES M	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		577 MULBERRY STREET	
CITY-ST-ZIP		MACON GA	
TITLE	T	SANFORD, CHARLOTTE A	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		3414 PEACHTREE RD, NE SUITE 1400	
CITY-ST-ZIP		ATLANTA GA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph C. Little
2.3 STREET ADDRESS	3414 Peachtree Rd NE, Suite 1400
2.4 CITY-ST-ZIP	Atlanta
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kim Everett
3.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
3.4 CITY-ST-ZIP	Atlanta, GA 30326
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Johnson
4.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
4.4 CITY-ST-ZIP	Atlanta, GA 30326
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SANFORD, CHARLOTTE A
6.3 STREET ADDRESS	3414 Peachtree Rd NE Suite 1400
6.4 CITY-ST-ZIP	Atlanta, GA 30326

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Filush Secretary

1-9-97 912-742-1161

Date

Daytime Phone #

0013480

CR2E034 (9/96)