FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **G64995** **(5)**

1. Corporation Name

SOUTHERN COMMUNITY MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
451 S.E. 2ND AVENUE POMPANO BEACH FL 33060 US	P.O. BOX 25507 TAMARAC FL 33320 US

3. Date Incorporated or Qualified: **10/14/1983**

3a. Date of Last Report: **07/03/1995**

4. FEI Number: **59-2361339** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 c/o Joel Lavendar Esq.	26
Suite, Apt. #, etc. 22 507 SE 11th CT.	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale FL	City & State 28
Zip 24 33316	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LAVENDAR, JOEL
507 S.E. 11TH COURT
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANTIDORMI, THOMAS J.		1.2 NAME	
STREET ADDRESS	HC1 BOX 61M		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAIRO NY		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FALCO, DEBRA D.		2.2 NAME	
STREET ADDRESS	243 PARK AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTCHESTER NY		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-ST-ZIP	
TITLE		☐ 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 CITY-ST-ZIP	
TITLE		☐ DELETE	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 report is voluntarily furnished and 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] President 3/21/96 518-622-0352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)