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[PROFIT			TMENT OF STATE	¬ Apr 14 1	.997 8:00)am
		IPORATION JAL REPORT			Mortham		ary of Sta	
		1997		Secretar DIVISION OF C	y of State ORPORATIONS	Berei		uc
ŗ	ocui	MENT # G67	7428	(4)				
1.		ATRIC HOSPITALS (COUNTY, INC.				
1		e of Business		ng Address			IN DIDIE DIDIE DEDIE DEDIE DEDIE DIDIE	
	07 grove ri 100ksville			GROVE ROAD XSVILLE FL 34809-86	10			
	•					3. Date Incorporated or Qualified 11/02/1983	3a. Date of Last Repo	ort
h	Principal Pl	lace of Business	իդ	Address		4. FEI Number	Applie	ad For
21	Suite, Apt	#, etc	26	Suite, Apt. #, etc.		59-2356146 5. Certificate of Status Desired	\$8.75 Add	pplicable litional
22	City & State	6	27	lity & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing	Fee Requi	
23	Ζιρ	Country	28	lip	Country	Trust Fund Contribution	Added to F	ees
24	21p	25	29	· · ·	30	8. This corporation has liability for Florida Statutes	Ves No	9.032,
	CT	9. Name and Address CORPORATION SYSTE		red Agent	61 Name	10. Name and Address of New	Registered Agent	
ļ	1200) South Pine Island			82 Street Add	iress (P.O. Box Number is Not Accept	able)	
	PLAI	NTATION FL 33324			83		······································	
					84 City	<u></u>	FL B5 Zip Coo	le
7	 Pursuant office or n 	to the provisions of Section egistered agent, or both, in	s 607.0502 and 607 the State of Florida	1508, Florida Statute Such change was a	es, the above-named cor uthorized by the corpora	poration submits this statement for the alion's board of directors. I hereby acc		egistered
	agont. La IGNATURE	n familiar with, and accept	the obligations of, :	Section 607.0505, Flo	rida Statutes.	·		·
12	Company of the	Signature, typed or proteo name of a						
(14	2.		CERS AND DIRECT		Registered Agent signature requ 13.	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS I	N 12
Ti	ſLF	OFFI ST	·····		13. 1.1 TITLE		ICERS AND DIRECTORS I	Addition
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