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Feb 27 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 # J34159

(0)

1. Corporation Name

FLORIDA HEALTH, INC.

Principal Place of Business

3030 N. ROCKY POINT DR. W., #750
TAMPA FL 33607

Mailing Address

3030 N. ROCKY POINT DR. W., #750
TAMPA FL 33607-5962



3. Date Incorporated or Qualified

09/22/1986

3a. Date of Last Report

02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2725068

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

LAWRENCE, LEE
3030 N. ROCKY PT. DR. W., #750
TAMPA FL 33607

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	NATHAN, JAMES R.	
STREET ADDRESS	2778 CLEVELAND AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	BOB VCH	DELETE
NAME	REES, RON R.	
STREET ADDRESS	303 NORTH CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	BOB S/T	DELETE
NAME	MEANS, MICHAEL D.	
STREET ADDRESS	8247 DEVEREUX DR, #103	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	DELETE
NAME	LAWRENCE, LEE	
STREET ADDRESS	3030 N ROCKY POINT DR WEST, #750	
CITY-ST-ZIP	TAMPA FL	
TITLE	E D	DELETE
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHLE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	E D	DELETE
NAME	READ, LARRY J.	
STREET ADDRESS	4201 BELFORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

Lawrence, President

1/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

Chairman

James R. Nathan
President
LEE MEMORIAL HEALTH SYSTEM
2776 Cleveland Avenue
Fort Myers, FL 33901
Phone (941) 334-5211
FAX (941) 334-5276

Vice Chairman

Ron R. Rees
President & CEO
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President

Lee Lawrence
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