

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90112 038 \*\*\*158.75

DOCUMENT # J34159

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2725066	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAWRENCE, LEE 3030 N. ROCKY PT. DR. W., #750 TAMPA FL 33607		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	STEIN, NORMAN V				
STREET ADDRESS	3100 E FLETCHER AVENUE				
CITY-ST-ZIP	TAMPA FL 33613				
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	REES, RON R.				
STREET ADDRESS	1041 DUNLTON AVENUE, SUITE 250				
CITY-ST-ZIP	PORT ORANGE FL 32127				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	MEANS, MICHAEL D.				
STREET ADDRESS	8247 DEVEREUX DR, #103				
CITY-ST-ZIP	MELBOURNE FL 32940-7955				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	LAWRENCE, LEE				
STREET ADDRESS	3030 N ROCKY POINT DR WEST, #750				
CITY-ST-ZIP	TAMPA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HILLENMEYER, JOHN				
STREET ADDRESS	1414 KUHLE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WOLFF, RONALD V				
STREET ADDRESS	615 N BONITA AVENUE				
CITY-ST-ZIP	PANAMA CITY FL 32401				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE:

LEE LAWRENCE, PRES

1/7/99

813-281-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0387552

**FHI, Inc. Board of Directors**

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**Secretary of State**

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**Chairman**

Ron R. Rees  
President & CEO  
HALIFAX COMM  
1041 Dunlawton  
Port Orange, FL  
Phone (904) 322-4771  
FAX (904) 322-4772

**Vice Chairman**

Michael D. Means  
President/CEO  
HEALTH FIRST, INC.  
8249 Devereux Drive  
Melbourne, FL 32940-7955  
Phone (407) 953-5650  
FAX

**President**

Lee Lawrence  
President  
VHA OF FLORIDA, INC.  
3030 North Rocky Point Drive West - #750  
Tampa, FL 33607  
Phone (813) 281-1080  
FAX (813) 281-1173

**Secretary/Treasurer**

Norman V. Stein  
President  
UNIVERSITY COMMUNITY HOSPITAL, INC.  
3100 East Fletcher Avenue  
Tampa, FL 33613  
Phone (813) 972-7203  
FAX (813) 979-7313

James F. Vickery  
President & CEO  
BAPTIST HEALTH CARE  
Post Office Box 17500  
Pensacola, FL 32522  
Phone (850) 469-2345  
FAX (850) 434-4841

*addition*

Ronald V. Wolff  
President & CEO  
BAY MEDICAL CENTER  
615 North Bonita Avenue  
Panama City, FL 32401  
Phone (850) 747-6045  
FAX (850) 763-8827

Robert B. Hill  
President  
BETHESDA HEALTHCARE SYSTEM  
2815 South Seacrest Boulevard  
Boynton Beach, FL 33435  
Phone (561) 737-7733 Ext 4401  
FAX (561) 737-4534

FHI, Inc. Board of Directors

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Jack T. Stephens  
President & CEO  
LAKELAND REGIONAL  
Post Office Box 954  
Lakeland, FL 33804

Phone (941) 687-1295

FAX (941) 687-1214

John Hillenmeyer  
President/CEO  
ORLANDO REGIONAL HEALTHCARE SYSTEM  
1414 Kuhl Avenue  
Orlando, FL 32806-2093

Phone (407) 841-5203

FAX (407) 237-6328

J. Robert Grady  
Vice President  
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Tampa, FL 33607

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