FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG 10 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J75261 (4)

1. Corporation Name
GULF PINES HOSPITAL, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKERD. ST 450 ORLANDO FL 32819 US	P O BOX 690008 ORLANDO FL 32869-0008 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 2775 Garrison Ave
22 Suite, Apt. #, etc.
23 City & State: Port St Joe Fl
24 Zip: 32456 25 Country: USA

2a. Mailing Address
26 P.O. Box 70
27 Suite, Apt. #, etc.
28 City & State: Port St Joe Fl
29 Zip: 32456 30 Country: USA

4. FEI Number: 59-2811527 ☐ 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

STEELEY, HUBERT E.
7380 SAN LAKE RD
SUITE 450
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2775 Garrison Ave
83
84 City: Port St. Joe FL 85 Zip Code: 32456

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	STEELEY, HUBERT E.	1.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD, #450	1.3 STREET ADDRESS	2775 Garrison Ave
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Port St. Joe Fl 32456
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	CLARK, CAROLE A	2.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD 450	2.3 STREET ADDRESS	2775 Garrison Ave
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Port St Joe Fl 32456
TITLE		3.1 TITLE	VP ☐ Change ☒ Addition
NAME		3.2 NAME	Kenneth E. Dykes, Sr.
STREET ADDRESS		3.3 STREET ADDRESS	2775 Garrison Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port St Joe Fl 32456
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 filing 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: Carole A. Clark 7-3-95 904-322-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068402 CP