

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

DOCUMENT # **J92844** (6)
1. Corporation Name
FIRST HOSPITAL CORPORATION OF ST. AUGUSTINE



Principal Place of Business Mailing Address
% CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified **09/18/1987** 3a. Date of Last Report **07/19/1995**
4. FEI Number **54-1434374** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	AGEE, PAUL T	746 SHERATON DR	VIRGINIA BEACH VA	<input checked="" type="checkbox"/>
VP	IRBY, EDWARD C	1203 GATES AVE	NORFOLK VA	<input type="checkbox"/>
S	NUSS, GLORIA J	805 GLENROSE CT	CHESAPEAKE VA	<input type="checkbox"/>
P	DOZORETZ, RONALD I.	240 CORPORATE BLVD.	NORFOLK VA	<input type="checkbox"/>
T	TAUSIG, WILLIAM B.	240 CORPORATE BLVD.	NORFLOK VA	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	Steve Linehan	240 Corporate Blvd.	Norfolk, VA 23502	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Nancy Grden	240 Corporate Blvd.	Norfolk, VA 23502	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Mark Benz	240 Corporate Blvd.	Norfolk, VA 23502	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	William Turner	240 Corporate Blvd.	Norfolk, VA 23502	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP	Ronald I. Dozoretz, M.D.	240 Corporate Blvd.	Norfolk, VA 23502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 recorder 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

(804) 459-5124

Date

Daytime Phone #

CR2E034 (12/95)