

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Linehan	
1.3 STREET ADDRESS	240 Corporate Blvd.	
1.4 CITY-ST-ZIP	Norfolk, VA 23502	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Grden	
2.3 STREET ADDRESS	240 Corporate Blvd.	
2.4 CITY-ST-ZIP	Norfolk, VA 23502	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark Benz	
3.3 STREET ADDRESS	240 Corporate Blvd.	
3.4 CITY-ST-ZIP	Norfolk, VA 23502	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William Turner	
4.3 STREET ADDRESS	240 Corporate Blvd.	
4.4 CITY-ST-ZIP	Norfolk, VA 23502	
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ronald I. Dozoretz, M.D.	
5.3 STREET ADDRESS	240 Corporate Blvd.	
5.4 CITY-ST-ZIP	Norfolk, VA 23502	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 recipient of 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

Date

(804) 459-5124

Daytime Phone #

CRE034 (12/95)