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May 08 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 # J96052 (2)
1. Corporation Name
FLORIDA MEDICAL CENTER OF NEW PORT RICHEY, INC.



Principal Place of Business Mailing Address
C/O DOUGLAS A. WERT C/O DOUGLAS A. WERT
4648 GRAND BLVD 4648 GRAND BLVD
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652-5113

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/05/1987		07/15/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2849658		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fees 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				10. Name and Address of New Registered Agent			
WERT, DOUGLAS A. 4648 GRAND BLVD NEW PORT RICHEY FL 34652				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	1.1 TITLE	Change ☐ Addition ☐	
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	2.1 TITLE	Change ☐ Addition ☐	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	3.1 TITLE	Change ☐ Addition ☐	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	4.1 TITLE	Change ☐ Addition ☐	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	5.1 TITLE	Change ☐ Addition ☐	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change ☐ Addition ☐	
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 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: V Douglas A. WERT 4/29/97 (813) 842-7897

CR2E034 (9/96)