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FILED

Apr 08 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K02101 (9)

1. Corporation Name

STEWART/WEBSTER HOSPITAL, INC.

Principal Place of Business

% JAMES F. HEekin, JR  
3696 ULMERTON ROAD  
CLEARWATER FL 34622

Mailing Address

~~% JAMES F. HEekin, JR~~  
3696 ULMERTON ROAD  
CLEARWATER FL 34622-42713. Date Incorporated or Qualified  
11/16/19873a. Date of Last Report  
07/22/1996

2. Principal Place of Business

21 300 Alston St  
Suite, Apt. #, etc.

2a. Mailing Address

26 3696 Ulmerton Rd  
Suite, Apt. #, etc.

4. FEI Number

59-2857668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

22 City &amp; State

23 Richland, GA  
Zip Country

24 31825

25 Stewart

27 City &amp; State

28 Clearwater FL  
Zip Country

29 34622

30 Pinellas

9. Name and Address of Current Registered Agent

STIGLEMAN, RANSOM III  
3696 ULMERTON ROAD  
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

TITLE AS  
NAME HEekin, JAMES F., JR  
STREET ADDRESS 800 N. MAGNOLIA AVE.  
CITY-ST-ZIP ORLANDO FL  
☐ DELETETITLE PD  
NAME NOBLE, STEPHEN H.  
STREET ADDRESS 3696 ULMERTON ROAD  
CITY-ST-ZIP CLEARWATER FL  
☐ DELETETITLE VSD  
NAME STIGLEMAN, RANSOM III  
STREET ADDRESS 3696 ULMERTON ROAD  
CITY-ST-ZIP CLEARWATER FL  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/97 813573-1755

CR2E034 (9/96)