

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K02101 (9)
1. Corporation Name
STEWART/WEBSTER HOSPITAL, INC.

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|---|--|
| Principal Place of Business 300 ALSTON ST RICHLAND GA 31825 US | Mailing Address 3696 ULMERTON RD CLEARWATER FL 34622 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | |
|--|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 11/16/1987 4. FEI Number 59-2857668 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|

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

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

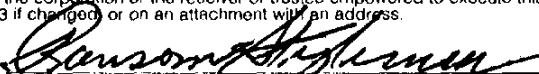
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | AS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEEKIN, JAMES F., JR | 1.2 NAME | |
| STREET ADDRESS | 800 N. MAGNOLIA AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOBLE, STEPHEN H. | 2.2 NAME | |
| STREET ADDRESS | 3696 ULMERTON ROAD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 2.4 CITY - ST - ZIP | |
| TITLE | VSD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STIGLEMAN, RANSOM III | 3.2 NAME | |
| STREET ADDRESS | 3696 ULMERTON ROAD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CLEARWATER FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I 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

01/05/98 813-573-1755
Date Daytime Phone # 0410284

CR2E034 (10/97)