

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K11322 (0)
1. Corporation Name
RIVERDALE MEDICAL CENTER, INC.

Principal Place of Business
14770 PALM BEACH BLVD.
FT. MYERS FL 33905
US

Mailing Address
% JAMES L. SAYER
37 PATIO DE LEON
FORT MYERS FL 33901
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1988	
21		26	c/o James L. Sayer	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	65-0088003	Not Applicable
22		27	2279 MAIN Street	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
	City & State		City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	Ft. Myers, FL	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country		
		29	33901		
		30	Lee		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAYER, JAMES L 37 PATIO DE LEON FT. MYERS FL 33905		81 Name Sayer, James L. 82 Street Address (P.O. Box Number is Not Acceptable) 2279 Main Street 83 Ft Myers, 84 City FL 85 Zip Code 33901	

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 *James L. Sayer* DATE 4/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SAYER, JAMES L	1.2 NAME	
STREET ADDRESS	35 PATIO DELEON	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	MCGINN, MICHAEL R	2.2 NAME	
STREET ADDRESS	1716 FOWLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *James L. Sayer* DIRECTOR 4/27/98 941-332-1820

CR2E034 (10/97)