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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K46126

1. Corporation Name

COMMUNITY HOSPITALS AND HEALTH SYSTEMS SERVICE CORPORATION

Principal Place of Business

Mailing Address

3056 E COLLEGE AVE
~~315 S. CALHOUN ST., 808 BARNETT BANK BLDG.~~
TALLAHASSEE FL 32301
US

306 E COLLEGE AVE
~~315 S. CALHOUN ST., 808 BARNETT BANK BLDG.~~
TALLAHASSEE FL 32301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1988

4. FEI Number

59-2921007

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NESMITH, WAYNE
306 E COLLEGE AVE
Y
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME IRWIN, RICHARD
STREET ADDRESS 10,000 W. COLONIAL DRIVE
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ DELETE

NAME GARRISON, LARRY F.
STREET ADDRESS 8249 DEVEREUX DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE

NAME NESMITH, WAYNE
STREET ADDRESS 315 S. CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME ANASTASIO, LANCE
STREET ADDRESS 200 AVE. F., N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

306 East College Avenue

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 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, with all other like empowered.

SIGNATURE:

Wayne Nesmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Nesmith 1/6/99 850-222-9800
Date Daytime Phone #

CR2E034 (11/98)

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