

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K79594** (3)

1. Corporation Name

**FLORIDA MEDICAL FACILITIES, INC.**



Principal Place of Business

Mailing Address

C/O W JOHNSEN  
3659 COUNTRY PLACE BLVD  
SARASOTA FL 34233

4350 L. J. VILLAGE DRIVE  
STE. 400  
SAN DIEGO CA 92122-1233  
US

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 4350 L J Village Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400 - % Tax

27 Suite 400 - % Tax

City & State

City & State

23 San Diego, Ca

28

Zip

Country

Zip

Country

24 92122-1233 25

29

30

4. FEI Number

59-1531223

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 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

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST  
TALLAHASSEE FL 32301

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 the if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOLD, CASEY R	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEIER, CRAIG A	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<del>JOHNSON, WILLIAM A.</del>	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CLAPP, DAVID	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RILEY, MARK P	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEETS, RICHARD	
STREET ADDRESS	4350 L. J. VILLAGE DRIVE, STE. 400	
CITY-ST-ZIP	SAN DIEGO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	% Tax
1.4 CITY-ST-ZIP	92122-1233
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	% Tax
2.4 CITY-ST-ZIP	92122-1233
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas L. Hageman
3.3 STREET ADDRESS	% Tax
3.4 CITY-ST-ZIP	92122-1233
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	% Tax
4.4 CITY-ST-ZIP	92122-1233
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Secretary
5.3 STREET ADDRESS	% Tax
5.4 CITY-ST-ZIP	92122-1233
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	% Tax
6.4 CITY-ST-ZIP	92122-1233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4-26-96

Date

(619) 546-3579

Daytime Phone #

CR2E034 (12/95)