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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

DOCUMENT # K79594 (3)  
1. Corporation Name  
FLORIDA MEDICAL FACILITIES, INC.



Principal Place of Business

Mailing Address

4350 LJ VILLAGE DR  
STE 400 C/O TAX  
SAN DIEGO CA 92122-1233  
US

4350 L. J. VILLAGE DRIVE  
STE 400 C/O TAX  
SAN DIEGO CA 92122-1233  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1989

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

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

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST Suite 105  
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 DP ☐ DELETE

NAME WOLD, CASEY R  
STREET ADDRESS 4350 LJ VILLAGE DR STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

TITLE V ☒ DELETE

NAME GEIER, CRAIG A  
STREET ADDRESS 4350 LJ VILLAGE DR STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

TITLE S ☐ DELETE

NAME DOUGLAS L. HAGEMAN  
STREET ADDRESS 4350 LJ VILLAGE DR STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

TITLE DV ☐ DELETE

NAME CLAPP, DAVID  
STREET ADDRESS 4350 LJ VILLAGE DR STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

TITLE V ☐ DELETE

NAME KOVACIC, DON S.  
STREET ADDRESS 4350 LJ VILLAGE DR STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

TITLE D ☒ DELETE

NAME STEETS, RICHARD  
STREET ADDRESS 4350 LJ VILLAGE DRIVE STE 400 C/O TAX  
CITY-ST-ZIP SAN DIEGO CA

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 Wendy M. Godoy

2.3 STREET ADDRESS c/o Tax 4350 La Jolla Village Dr. # 400

2.4 CITY-ST-ZIP San Diego, California 92122-1233

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

V James Hutchison

c/o Tax 4350 La Jolla Village Dr. # 400

San Diego, California 92122-1233

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 Don S. Kovacic, Vice President

2561400

(619) 546-1001

CR2E034 (10/97)