

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998

DOCUMENT # L06636

1. Corporation Name

OCOEE FAMILY MEDICAL CENTER, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUL 14 AM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

10872 W COLONIAL DR
OCOEE FL 34761-3311
US

Mailing Address

OCOEE FAMILY MEDICAL
2531 BOGGY CREEK ROAD
KISSIMMEE FL 34744
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GAUCHAT, DIANA S.
2531 BOGGY CREEK ROAD
KISSIMMEE FL 34744

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 by or for the name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD

NAME PALAZZOLO, ARLENE

STREET ADDRESS 2880 BOREQUIN DR

CITY-STATE-ZIP KISSIMMEE FL

TITLE P

NAME GAUCHAT, DIANA S

STREET ADDRESS 2531 BOGGY CREEK ROAD

CITY-STATE-ZIP KISSIMMEE FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

300002505523

07/22/98 01054-014

****150.00 ****150.00

Change Addition

Change Addition

Change Addition

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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 in an attachment with an address.

SIGNATURE:

[Signature]

7-6-98 (401) 944-1098

0105445

CR2E034 (5/98)

**OCOCEE FAMILY
MEDICAL CENTER**

**FIRST AID FAMILY
MEDICAL CENTER**



**REGENCY FAMILY
MEDICAL CENTER**

**LAKEPOINT FAMILY
MEDICAL CENTER**

**BVL FAMILY
MEDICAL CENTER**
July 6, 1998

Division of Corporations
Annual Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

On February 23, 1998, our business offices were destroyed by an F-4 tornado. We were able to salvage many of our records. However others were either destroyed by the storm or lost because of interruption of mail service. Apparently our Annual Report forms were among those missing.

To be perfectly honest what with moving twice, setting up in a new location and trying to get everything dried out, I did not even think about Annual Reports until your Second Notice arrived in the mail today.

The tornado damage to our area was so severe that we were declared a disaster area. Our failure to file was not due to willful neglect, rather by circumstances beyond our control that completely (and I mean completely) disrupted our organizational lives. Therefore I am requesting that the \$400.00 late fee be rescinded.

Thanking you in advance, I remain

Yours truly,

Helen Drane

Helen Drane, Business Manager