

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **L19085** (4)

1. Corporation Name
**FLORIDA HOSPITAL ASSOCIATION INFORMATION SERVICE
S, INC.**

Principal Place of Business	Mailing Address
307 PARK LAKE CIRCLE P.O. BOX 536905 ORLANDO FL 32853-6905 US	% KIM STREIT P.O. BOX 536905 ORLANDO FL 32853-6905

3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2972969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**PIERCE, CHARLES F. JR.
307 PARK LAKE CIRCLE
ORLANDO FL 32803**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PIERCE, CHARLES F. JR.
STREET ADDRESS	307 PARK LAKE CIRCLE
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	LIND, RICHARD A.
STREET ADDRESS	875 STERTHAUS AVENUE
CITY- ST- ZIP	ORMOND BEACH FL
TITLE	ST
NAME	RUST, MICHAEL
STREET ADDRESS	307 PARK LAKE CIRCLE
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	BIEBEL, JOHN
STREET ADDRESS	3001 W. DR. ML KING JR. BLVD
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	MEANS, MICHAEL D.
STREET ADDRESS	1350 S HICKORY ST
CITY- ST- ZIP	MELBOURNE FL
TITLE	D
NAME	BLASBAND, CHARLES A.
STREET ADDRESS	502 WEST HIGHLAND BOULEVARD
CITY- ST- ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Thomas L. Werner
5.3 STREET ADDRESS	601 E. Rollins Street
5.4 CITY- ST- ZIP	Orlando, FL 32803
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(3)(b), 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: *Charles F. Pierce, Jr.* **Charles F. Pierce, Jr.**
Chairman Date **4/26/95** Telephone **407/841-6230**

L19085

FLORIDA HOSPITAL ASSOCIATION INFORMATION SERVICES

1994-1995

BOARD OF DIRECTORS

BY RESOLUTION 11/19/93 (A)

Officers

CHAIRMAN

Charles F. Pierce, Jr.
President
Florida Hospital Association
307 Park Lake Circle
Orlando, FL 32803

SECRETARY/TREASURER

Michael T. Rust
Senior Vice President
Florida Hospital Association Management Corporation
307 Park Lake Circle
Orlando, FL 32803

Directors

John Biebel
President/CEO
St. Joseph's Hospital
3001 W. Dr. M.L. King Jr. Blvd.
Tampa, FL 33677-4227

Richard M. Harman
President
Martin Memorial Medical Center
Post Office Box 9010 Hospital Drive
Stuart, Florida 34995-9010

Charles A. Blasband (1995)
Administrator
Citrus Memorial Hospital
502 West Highland Blvd.
Inverness, FL 32650

Thomas L. Werner
President/CEO
Florida Hospital Medical Center
601 E Rollins Street
Orlando, FL 32803-1287

Richard A. Lind
President
Memorial Health Systems, Inc.
875 Sterthaus Avenue
Ormond Beach, FL 32174

Norman V. Stein
President
University Community Hospital, Inc.
3100 E. Fletcher Avenue
Tampa, FL 33613-4688