

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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DOCUMENT # L19085 (4)
1. Corporation Name
FLORIDA HOSPITAL ASSOCIATION INFORMATION SERVICE
S, INC.

Principal Place of Business 307 PARK LAKE CIRCLE P.O. BOX 536806 ORLANDO FL 32853-6905 US	Mailing Address % KIM STREIT P.O. BOX 536805 ORLANDO FL 32853-6905
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2972969		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CHARLES F. JR.	1.2 NAME	
STREET ADDRESS	307 PARK LAKE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMAN, RICHMOND M	2.2 NAME	
STREET ADDRESS	HOSPITAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. MINES	3.2 NAME	
STREET ADDRESS	307 PARK LAKE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. ROSASCO	4.2 NAME	
STREET ADDRESS	3663 S MIAMI AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, THOMAS L	5.2 NAME	
STREET ADDRESS	601 E. ROLLINS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEDISH, JOSEPH R	6.2 NAME	
STREET ADDRESS	2111 GLENWOOD DR., SUITE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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.

SIGNATURE:  Charles F. Pierce, Jr.
Chairman 4/29/98 407/841-6230

CR2E034 (10/97)

FLORIDA HOSPITAL ASSOCIATION INFORMATION SERVICES

1997-1998

Document #L19085 (4)

BOARD OF DIRECTORS

Officers

CHAIRMAN

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

SECRETARY/TREASURER

John E. Mines
Senior Vice President
Florida Hospital Association Management
Corporation
307 Park Lake Circle
Orlando, FL 32803

Directors

William H. Anderson
Administrator/CEO
South Florida Baptist Hospital
301 N Alexander Street P.O. Drawer H
Plant City, FL 33566

Duncan Moore
President/CEO
Tallahassee Memorial Reg. Med. Ctr.
1300 Miccosukee Road
Tallahassee, FL 32308

Mitchell S. Feldman
Chief Executive Officer
Delray Medical Center
5352 Linton Boulevard
Delray Beach, FL 33484

Nicolas C. Porter
Associate Center Director Administration
H. Lee Moffitt Cancer Ctr/Research Inst
12902 Magnolia Drive
Tampa, FL 33612-9497

Richmond M. Harman
President
Martin Memorial Health Systems, Inc.
Post Office Box 9010
Stuart, Florida 34995-9010

Edward J. Rosasco, Jr.
President
Mercy Hospital
3663 S. Miami Avenue
Miami, FL 33133-4237

Richard M. Irwin, Jr.
President/CEO
Health Central
10000 West Colonial Drive P.O. Box 614007
Orlando, FL 32861-4007

Joseph R. Swedish
President, Central Florida Division
Columbia/HCA Healthcare Corporation
2111 Glenwood Drive Suite 100
Winter Park, FL 32792-3309

Patrick J. Madden
President and CEO
Sacred Heart Hospital of Pensacola
5151 N 9th Avenue P.O. Box 2700
Pensacola, FL 32513-2700

Thomas L. Werner
President/CEO
Florida Hospital
2400 Bedford Road
Orlando, FL 32803-1418