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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M49043

(6)

CORAL REEF HOSPITAL INVESTORS, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



3632 DAUPHI SUITE 101B MOBILE AL 3		Mailing Address 3632 DAUPHIN ST. SUITE 101B MOBILE AL 36608	3632 DAUPHIN ST. Suite 101B Mobile al 36608		DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualified 03/25/1987			
	lace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
21 Suite Ant	# ata	26 Cuito Ast # ata			••.	63-0952814		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc	27			5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country			Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible			
24	25 29 30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr			$\Box$		10. Name and Address of New Registered	Agent		
	LANOS, JOSE A.			81	Name				
2121 PONCE DE LEON BLVD. SUITE 1035 CORAL GABLES FL 33134				82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City	FL	<b>85</b> Zij	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 little if applicable (NOTE Registered Agent signature required when feinstating)  DATE									
12.		AND DIRECTORS	(NOTE Hegistere	o Age	ni signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	SVPD	DELET		TLE			Change		
NAME	CRAWFORD, REBECCA A.		1,2 N	AME	ļ			}	
STREET ADDRESS	3632 DAUPHIN ST., SUITE	101B	1.3 \$	TREET	ADDRESS			از	
CITY-ST-ZIP	MOBILE AL			ITY-5	T- ZIP				
TITLE	PD DANIDY A	☐ DELET	E 2.1 TI	TLE			☐ Change	Addition	
NAME	SUCHER, RANDY A.	101D	2.2 N						
STREET ADDRESS	3632 DAUPHIN ST., SUITE MOBILE AL	IUID	1		ADDRESS	<b>₹</b>			
CITY-ST-ZIP	MODILE AL	DELET		ITY-S	it-ZIP		Change	Addition	
NAME			E 3.1 T)		1		Oriango	, La Addition	
STREET ADDRESS					ADDRESS				
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TITLE		DELET					☐ Change	Addition	
NAME			4. 2 N	AME				l	
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
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TITLE		☐ DELET					Change	Addition	
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T AD CT		ITY-S	T - ZIP	<u></u>	Char	Addison	
TITLE		☐ DELET					Change	Addition	
NAME			6.2 N		1000000			ŀ	
STREET ADDRESS					ADDRESS				
14. I hereby	certify that the information supplied	with this filing does not gua		2-YII		n Section 119.07(3)(i), Florida Statutes. I further c	ertify that th	e 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.

Rebuca

3/24/68