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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N09694

THE FLORIDA VOLUNTARY HOSPITAL POLIT Community Health Sur COMMITTEE, INC.

Principal Place of Business

WE. WAYNE NESMITH 915 S CALHOUN STREET SHITE BOR Mailing Address

WE. WAYNE NESMITH 315 S CALHOUN STREET, SHITE ADR

FILED Feb 10 1997 8:00am Secretary of State



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	C 02301			ILLNI INDOC	E FL 32301-0				06/	orporated or Qu 11/1985	alified	3a. D.	ate of Las 03/06/1	t Rep 996	ort
2. Principal Place of Business			·	2a. Mailing Address					4. FEI Num						ied For
21			26				<u></u>		587	2502142					Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State)			City & S	tate				6. Election	Campaign Final	ncing		\$5.0)O M	lav Be
23			28						Trust Fu	nd Contribution					Fees
Zip		Country		Zip		Cour	ntry		8. This cor	poration has liab				r 6. 1	99.032,
24	25		29			30			Florida \$			Yes			
	9. Name and	Address of Curr	ent Regi	stered Ag	ent			····	10. Name a	ind Address of	New Reg	istered	Agent		
							81 N	ame							
NESMITH	, E. WAYNE					ŀ	62 Si	reet Add	dress (P.O. Box I	Number is Not A	cceptable	e)			
315 S CA	alhoun Stre	ET							`	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
SUITE 80							83								
TALLAHA	SSEE FL 323	01				ŀ	84 C	ity					85 Z	ip Co	ode
								_				FL			
11. Pursuant t	to the provisions	of Sections 617.0	502 and 6	617.1508,	Florida Statu	tes, the ab	XOVE-DE	med cor	rporation submit	s this statement	or the pu	rpose o	of changin	g its i	registered
office or re	egistered agent. m familiar with, a	of Sections 617.0 or both, in the Sta and accept the obl	ite of Flor ligations (nda Such of Section	change was 617.0503, F	aumonzec orida Statu	apyune utes.	e corpora	ation's position of	airectors. I neret	y accept	me app	oommeni	es re	gistereu
SIGNATURE															
Signature, typed or printed name of registered agent and title if applicable.). (NO	(NOTE: Registered Agent signature requests) 13.				NS/CHANGES T	O OFFICE	DATE	D DIDECT	<u>UD6</u>	IN 12
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.