


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N09094 . 1. Entity Name COMMUNITY HOSPITALS AND HEALTH SYSTEMS PAC, INC.	
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Principal Place of Business 306 EAST COLLEGE AVE TALLAHASSEE, FL 32301 US	Mailing Address 306 EAST COLLEGE AVE TALLAHASSEE, FL 32301 US
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2502142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NESMITH, E. WAYNE 306 EAST COLLEGE AVE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARVALHO, ANTHONY P 306 E COLLEGE AVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NESMITH, E. WAYNE 306 E COLLEGE AVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZARD, JOHN W. 1414 KUHLE AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICHARD E. 601 E. ROLLINS ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCO, FRANK V. 3501 JOHNSON STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/15/04-80039-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Nesmith Wayne Nesmith 1/12/04 850-222-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #